| Fill in this inform | nation to identify your | case:                     |   |                                    |
|---------------------|-------------------------|---------------------------|---|------------------------------------|
| Debtor 1            | William H Bacon,        | III                       |   |                                    |
|                     | First Name              | Middle Name               | Last Name   |                                    |
| Debtor 2            |                         |                           |   |                                    |
| (Spouse if, filing) | First Name              | Middle Name               | Last Name   |                                    |
| United States Bar   | nkruptcy Court for the: | EASTERN DISTRICT O        | PF MICHIGAN                                       |                                    |
|                     | 19-42252                |                           |   |                                    |
| (if known)          |                         |                           |   | Check if this is an amended filing |
|                     |                         |                           |   |                                    |
| Official Fo         | rm 106Sum               |                           |   |                                    |
| Summary o           | f Your Assets a         | and Liabilities ar        | nd Certain Statistical Information                | 12/15                              |
| Be as complete a    | ind accurate as possib  | le. If two married people | are filing together, both are equally responsible | for supplying correct              |

information. Fill out all of your schedules first; then complete the information on this form. If you are filling amended schedules after you file

|     |  |             | assets<br>of what you own |
|-----|--|-------------|---------------------------|
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$          | 183,300.00                |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$          | 48,536.37                 |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$          | 231,836.37                |
| Par | t 2: Summarize Your Liabilities  |             |                           |
|     |  |             | iabilities<br>nt you owe  |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$          | 166,690.00                |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$          | 20,465.00                 |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$          | 44,213.00                 |
|     | Your total liabilities   | \$          | 231,368.00                |
| Par | t 3: Summarize Your Income and Expenses  |             |                           |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$          | 5,564.90                  |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$          | 5,545.46                  |
| Par | t 4: Answer These Questions for Administrative and Statistical Records   |             |                           |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ur other so | chedules.                 |
| 7.  | ■ Yes What kind of debt do you have?   |             |                           |
|     | Vous debte are primarily consumer debte. Consumer debte are those "incurred by an individual primarily for   | a naraana   | l family or               |

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

Best Case Bankruptcy

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

4,000.00 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Port 4 on Cohodula E/E convishe followings  | Total c | laim      |
|--|---------|-----------|
| From Part 4 on Schedule E/F, copy the following:   |         |           |
| 9a. Domestic support obligations (Copy line 6a.)   | \$      | 17,465.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$      | 3,000.00  |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$      | 0.00      |
| 9d. Student loans. (Copy line 6f.)   | \$      | 0.00      |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$      | 0.00      |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$     | 0.00      |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$      | 20,465.00 |

|              | tor 1 M   | ::::am II Da                    | 111                   |                |  |  |   |  |
|--------------|---|---------------------------------|-----------------------|----------------|--|--|---|--|
| Deb          |   | <b>'illiam H Ba</b><br>st Name  |                       | e Name         | Last Name  |  |   |  |
| Deb          |   |                                 |                       |                |  |  |   |  |
| (Spou        | se, if filing) Fire   | st Name                         |                       | e Name         | Last Name  |  |   |  |
| Unite        | ed States Bankrup   | tcy Court for                   | the: EASTERN          | DISTRIC        | CT OF MICHIGAN   |  |   |  |
| Case         | e number <u>19-42</u>   | 2252                            |                       |                |  |  |   | ☐ Check if this is an amended filing   |
| ∩ff          | icial Form  | 106 A /P                        | ,                     |                |  |  |   |  |
| _            | icial Form  |                                 | _                     |                |  |  |   |  |
| <u>5c</u>    | hedule A  | VB: Pr                          | operty                |                |  |  |   | 12/15  |
|              | er every question.  |                                 | ·                     |                | nis form. On the top of any additional p<br>Estate You Own or Have an Interest In  |  | name and case   | e number (if known).   |
| 1. <b>Do</b> | you own or have a   | ny legal or eg                  | uitable interest in a | any reside     | ence, building, land, or similar propert   | v?   |   |  |
| _            | No. Go to Part 2.   | ,                               |                       | ,              | 3, 11, 11, 11, 11, 11, 11, 11, 11, 11, 1   | •  |   |  |
|              |   |                                 |                       |                |  |  |   |  |
|              |   |                                 |                       |                |  |  |   |  |
|              | Yes. Where is the p   | roperty?                        |                       |                |  |  |   |  |
|              |   | roperty?                        |                       |                |  |  |   |  |
| 1.1          |   | roperty?                        |                       | What           | is the property? Check all that apply  |  |   |  |
|              | Yes. Where is the p   | r                               |                       | What           | is the property? Check all that apply Single-family home   | Do not de  | duct secured cla  | aims or exemptions. Put  |
|              | Yes. Where is the p   | r                               | cription              | What<br>■<br>□ |  | the amour  | nt of any secure  | aims or exemptions. Put<br>d claims on <i>Schedule D:</i><br>ns <i>Secured by Property</i> .   |
|              | Yes. Where is the p   | r                               | cription              | ■              | Single-family home<br>Duplex or multi-unit building  | the amour<br>Creditors   | nt of any secure<br>Who Have Clain  | d claims on Schedule D:<br>ns Secured by Property.   |
|              | Yes. Where is the p   | r                               | cription 48183-0000   | -<br>-         | Single-family home  Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home   | the amour<br>Creditors   | nt of any secure<br>Who Have Clain<br>alue of the   | d claims on Schedule D:  |
|              | Yes. Where is the p   | <b>r</b><br>Ibble, or other des |                       |                | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property  | Current v  | nt of any secure<br>Who Have Clain<br>alue of the   | d claims on Schedule D:<br>ns Secured by Property.  Current value of the   |
|              | Yes. Where is the p  24252 Cabot D  Street address, if availa  Woodhaven              | r<br>able, or other des         | 48183-0000            |                | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land  | Current v entire pro   | alue of the perty? 83,300.00 the nature of y  | d claims on Schedule D: ns Secured by Property.  Current value of the portion you own? \$183,300.00  our ownership interest                            |
|              | Yes. Where is the p  24252 Cabot D  Street address, if availa  Woodhaven              | r<br>able, or other des         | 48183-0000            |                | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare  | Current v entire pro   | alue of the perty? 83,300.00 the nature of y  | d claims on Schedule D: ns Secured by Property.  Current value of the portion you own?  \$183,300.00   |
|              | Yes. Where is the p  24252 Cabot D  Street address, if availa  Woodhaven  City        | r<br>able, or other des         | 48183-0000            |                | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check of Debtor 1 only  | Current v entire pro   | alue of the perty? 83,300.00 the nature of yfee simple, tenature), if known.  | d claims on Schedule D: ns Secured by Property.  Current value of the portion you own? \$183,300.00  our ownership interest                            |
|              | Yes. Where is the p  24252 Cabot D  Street address, if availa  Woodhaven  City  Wayne | r<br>able, or other des         | 48183-0000            |                | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other  has an interest in the property? Check of Debtor 1 only Debtor 2 only   | Current v entire pro \$1  Describe (such as a a life esta      | alue of the perty? 83,300.00 the nature of yfee simple, tenature), if known.  | d claims on Schedule D: ns Secured by Property.  Current value of the portion you own? \$183,300.00  our ownership interest                            |
|              | Yes. Where is the p  24252 Cabot D  Street address, if availa  Woodhaven  City        | r<br>able, or other des         | 48183-0000            |                | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check of Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only   | Current ventire pro \$1  Describe (such as a life esta sole ow | alue of the operty? 83,300.00 the nature of y fee simple, ten: te), if known.   | d claims on Schedule D: ns Secured by Property.  Current value of the portion you own? \$183,300.00  our ownership interest                            |
|              | Yes. Where is the p  24252 Cabot D  Street address, if availa  Woodhaven  City  Wayne | r<br>able, or other des         | 48183-0000            | Who I          | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other  has an interest in the property? Check of Debtor 1 only Debtor 2 only   | Current ventire prospective (such as a life esta sole ow       | alue of the operty? 83,300.00 the nature of yfee simple, ten: tte), if known.  In this is comparted the interventions | d claims on Schedule D: ns Secured by Property.  Current value of the portion you own? \$183,300.00  our ownership interest ancy by the entireties, or |
|              | Yes. Where is the p  24252 Cabot D  Street address, if availa  Woodhaven  City  Wayne | r<br>able, or other des         | 48183-0000            | Who I          | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check of Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another or information you wish to add about the                              | Current ventire prospective (such as a life esta sole ow       | alue of the operty? 83,300.00 the nature of yfee simple, ten: tte), if known.  In this is comparted the interventions | d claims on Schedule D: ns Secured by Property.  Current value of the portion you own? \$183,300.00  our ownership interest ancy by the entireties, or |
|              | Yes. Where is the p  24252 Cabot D  Street address, if availa  Woodhaven  City  Wayne | r<br>able, or other des         | 48183-0000            | Who I          | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check of Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another or information you wish to add about the prety identification number: | Current ventire prospective (such as a life esta sole ow       | alue of the operty? 83,300.00 the nature of yfee simple, ten: tte), if known.  In this is comparted the interventions | d claims on Schedule D: ms Secured by Property.  Current value of the portion you own? \$183,300.00  our ownership interest ancy by the entireties, or |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

| Debto    | or 1 Will                   | iam H Bace    | on, III                        |  | Case number (if known)     | 19-42252   |
|----------|-----------------------------|---------------|--------------------------------|--|----------------------------|--|
| . Ca     | rs, vans, trı               | ucks, tractor | s, sport utility ve            | hicles, motorcycles  |                            |  |
|          | ,                           | •             | , ,                            | •  |                            |  |
|          | No                          |               |                                |  |                            |  |
| <b>\</b> | res .                       |               |                                |  |                            |  |
|          |                             |               |                                |  |                            |  |
| 3.1      | Make:                       | Chrysler      |                                | Who has an interest in the property? Check one                           |                            | cured claims or exemptions. Put y secured claims on <i>Schedule D:</i> |
|          | Model:                      | 200           |                                | ■ Debtor 1 only  |                            | ave Claims Secured by Property.  |
|          | Year:                       | 2011          |                                | Debtor 2 only  | Current value of           | the Current value of the   |
|          | Approximate                 | e mileage:    | 140,000                        | ☐ Debtor 1 and Debtor 2 only   | entire property?           |  |
|          | Other inforn                | nation:       |                                | ☐ At least one of the debtors and another                                |                            |  |
|          |                             |               |                                | _  | ¢7 500                     | 0.00   |
|          |                             |               |                                | ☐ Check if this is community property (see instructions)                 | \$7,500                    | 0.00 \$7,500.00  |
| 22       | Make:                       | Hyundai       |                                | Who has an interest in the preparty? Objectives                          | Do not deduct sec          | cured claims or exemptions. Put  |
| 3.2      | -                           |               |                                | Who has an interest in the property? Check one                           | the amount of any          | y secured claims on Schedule D:  |
|          |                             | Elantra       |                                | ■ Debtor 1 only  | Creditors Who Ha           | ave Claims Secured by Property.  |
|          | _                           | 2010          | 156 000 00                     | Debtor 2 only  | Current value of           |  |
|          | Approximate<br>Other inform | _             | 156,000.00                     | Debtor 1 and Debtor 2 only   | entire property?           | portion you own?   |
|          | Other inion                 | nauon.        |                                | At least one of the debtors and another                                  |                            |  |
|          |                             |               |                                | ☐ Check if this is community property                                    | \$3,500                    | 0.00 \$3,500.00  |
|          |                             |               |                                | (see instructions)   |                            |  |
|          |                             |               |                                | n for all of your entries from Part 2, includin                          |                            | \$11,000.00  |
| .pa      | ges you ha                  | ive attached  | for Part 2. Write t            | that number here   | =>                         | Ψ11,000.00   |
| Part 2   | Doscribo                    | Vour Porcona  | I and Household Ite            | ome  |                            |  |
|          |                             |               |                                | terest in any of the following items?                                    |                            | Current value of the   |
| ,,       |                             | iavo any iog  | ar or oquitable int            |  |                            | portion you own?  Do not deduct secured claims or exemptions.          |
| Ex       |                             | oods and furi |                                | , china, kitchenware   |                            |  |
|          | Yes. Descr                  | ribe          |                                |  |                            |  |
|          |                             | _             |                                |  |                            |  |
|          |                             |               |                                | ousehold goods   |                            |  |
|          |                             |               | appliances<br>nodel trains - h | ome decor  |                            |  |
|          |                             |               | amps                           |  |                            |  |
|          |                             | ŀ             | kitchen items                  |  |                            | 40.000   |
|          |                             | 1             | awn equipment                  | t  |                            | \$2,200.00   |
| Ex       |                             |               |                                | eo, stereo, and digital equipment; computers, pr<br>nedia players, games | rinters, scanners; music o | collections; electronic devices  |
|          | Yes. Descr                  | ribe          |                                |  |                            |  |

Official Form 106A/B Schedule A/B: Property page 2

| Debtor 1 | William H Ba   | acon, III  | Case number (if known)     | 19-42252  |
|----------|--|--|----------------------------|---|
|          |  | 2 TVs<br>computer<br>printer   |                            | 4000.00   |
|          |  | DVD & Blue Ray Plaer   |                            | \$900.00  |
| Exam     | other collecti   | figurines; paintings, prints, or other artwork; books, pictures, or other ons, memorabilia, collectibles | r art objects; stamp, coir | n, or baseball card collections;  |
|          | ment for sports and apples: Sports, photo musical instru | graphic, exercise, and other hobby equipment; bicycles, pool tables,                                     | golf clubs, skis; canoes   | and kayaks; carpentry tools;  |
| ■ No     | s. Describe  |  |                            |   |
| □ No     | mples: Pistols, rifle                                    | s, shotguns, ammunition, and related equipment   |                            |   |
|          |  | reproduction civil war musket  |                            | \$250.00  |
| □ No     | mples: Everyday cl                                       | othes, furs, leather coats, designer wear, shoes, accessories  |                            |   |
|          |  | clothing   |                            | \$200.00  |
| □ No     | <i>mples:</i> Everyday je                                | welry, costume jewelry, engagement rings, wedding rings, heirloom jewedding band                         | ewelry, watches, gems,     | gold, silver  |
|          |  | weduling ballu   |                            | Ψ30.00  |
| Exa.     | farm animals<br>mples: Dogs, cats,<br>s. Describe        | birds, horses  |                            |   |
|          |  | cats   |                            | \$0.00  |
| ■ No     | •  | d household items you did not already list, including any health   | aids you did not list      |   |
|          |  | of all of your entries from Part 3, including any entries for pages<br>number here                       | s you have attached        | \$3,600.00  |
| Part 4:  | Describe Your Finan                                      | cial Assets  |                            |   |
| Do you   | own or have any l  | egal or equitable interest in any of the following?  |                            | Current value of the portion you own? Do not deduct secured claims or exemptions. |

Official Form 106A/B Schedule A/B: Property

page 3

| Debtor 1              | William H Bacon, III  | Case  | number (if known)      | 19-42252                      |
|-----------------------|---|---|------------------------|-------------------------------|
| □ No                  | aples: Money you have in your wallet, in your hor   |   | you file your petition | no                            |
|                       |   |   | ash                    | \$15.00                       |
| Exam                  | sits of money aples: Checking, savings, or other financial accounts institutions. If you have multiple accounts   | with the same institution, list each.           | ınions, brokerage h    | nouses, and other similar     |
| ■ Yes.                |   | Institution name: Chase                         |                        | \$416.18                      |
|                       | 17.1. Checking  | Onase   |                        | Ψ+10.10                       |
|                       | s, mutual funds, or publicly traded stocks aples: Bond funds, investment accounts with bro  | kerage firms, money market accounts             |                        |                               |
| ■ No<br>□ Yes.        | Institution or issuer r   | ame:  |                        |                               |
| joint                 | oublicly traded stock and interests in incorpoventure   | rated and unincorporated businesses, inc        | luding an interes      | t in an LLC, partnership, and |
| ■ No<br>□ Yes.        | . Give specific information about them  |   | f ownership:           |                               |
| Nego<br>Non-r<br>■ No | rnment and corporate bonds and other negotiable instruments include personal checks, cash negotiable instruments are those you cannot trans. Give specific information about them | iers' checks, promissory notes, and money of    |                        |                               |
|                       | Issuer name:<br>ement or pension accounts<br>aples: Interests in IRA, ERISA, Keogh, 401(k), 40  | 3(b), thrift savings accounts, or other pensio  | n or profit-sharing    | plans                         |
| ■ Yes.                | . List each account separately.  Type of account:   | Institution name:                               |                        |                               |
|                       | rollover IRA  | Rollover - Knights of Columbus                  |                        | \$5,037.22                    |
|                       | IRA   | rollover - Fidelity                             |                        | \$27,267.97                   |
| Yours                 | ity deposits and prepayments<br>share of all unused deposits you have made so<br>uples: Agreements with landlords, prepaid rent, p  |   |                        | nies, or others               |
| ■ No<br>□ Yes.        |   | Institution name or individual:                 |                        |                               |
| 23. <b>Annui</b>      | ities (A contract for a periodic payment of mone  | to you, either for life or for a number of vear | rs)                    |                               |
| ■ No                  | Issuer name and description.  | •   |                        |                               |
|                       | sts in an education IRA, in an account in a qu<br>.C. §§ 530(b)(1), 529A(b), and 529(b)(1).   | alified ABLE program, or under a qualifie       | d state tuition pro    | gram.                         |
| ■ No                  | Institution name and description  | Separately file the records of any interests.   | 11 U.S.C. & 521(c):    |                               |

Official Form 106A/B Schedule A/B: Property page 4

| De  | ebtor 1       | William H Bacon, III  |  | Case number (if known)                  | 19-42252  |
|-----|---------------|---|--|---|---|
| 25. | Trusts,       | , equitable or future interests in  | property (other than anything listed in  | n line 1), and rights or powers exe     | rcisable for your benefit   |
|     | ■ No          |   |  |   |   |
|     | ☐ Yes.        | Give specific information about the   | em   |   |   |
| 26. | _Examp        |   | secrets, and other intellectual proper ites, proceeds from royalties and licensing | •                                       |   |
|     | ■ No          |   |  |   |   |
|     | ☐ Yes.        | Give specific information about the   | em   |   |   |
| 27. | Examp         | es, franchises, and other general object. Building permits, exclusive lices:                    | al intangibles<br>enses, cooperative association holdings                          | , liquor licenses, professional license | es  |
|     | ■ No          |   |  |   |   |
|     | ⊔ Yes.        | Give specific information about the   | em   |   |   |
| M   | oney or       | property owed to you?   |  |   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | □ No          | funds owed to you   |  |   |   |
|     | Yes.          | Give specific information about the   | em, including whether you already filed the  | he returns and the tax years            |   |
|     |               |   |  |   |   |
|     |               |   |  |   |   |
|     |               |   | 2018 anticipated income tax refu   | ind federal and stat                    | e \$0.00  |
|     |               |   | •  | <u> </u>                                |   |
|     |               |   |  |   |   |
|     |               |   | 2019 pro rata tax refund   | federal and stat                        | e \$0.00  |
| 29. |               | support<br>oles: Past due or lump sum alimon  | y, spousal support, child support, mainte  | enance, divorce settlement, property    | settlement  |
|     | _             | Give specific information   |  |   |   |
|     |               | Civo oposino unormanormini  |  |   |   |
| 30. | Examp         | amounts someone owes you<br>bles: Unpaid wages, disability insu<br>benefits; unpaid loans you m | rance payments, disability benefits, sick ade to someone else                      | pay, vacation pay, workers' comper      | nsation, Social Security  |
|     | ■ No          | Give specific information   |  |   |   |
|     | <b>□</b> 165. | Give specific information   |  |   |   |
|     |               | ts in insurance policies  oles: Health, disability, or life insura                              | ance; health savings account (HSA); cred   | dit, homeowner's, or renter's insuran   | ice   |
|     | Yes.          | Name the insurance company of e   | each policy and list its value.  |   |   |
|     |               | Company n   | ame:   | Beneficiary:                            | Surrender or refund<br>value:   |
|     |               | State Fari  | n Ine  |   |   |
|     |               |   | ns - 20 year   |   | \$0.00  |
|     |               |   |  |   |   |
|     |               | State Fari  | n  |   |   |
|     |               |   | e Ins Policy   |   | \$1,200.00  |
|     |               |   |  |   |   |
|     |               | Universal   | Life -   |   | \$0.00  |
|     |               | 25.041  | -  |   | +51.00  |

Official Form 106A/B Schedule A/B: Property page 5

| Deb   | tor 1                      | William H Bacon, III   |                           | Case number (if known)         | 19-42252                |
|-------|----------------------------|--|---------------------------|--------------------------------|-------------------------|
|       | If you a                   | erest in property that is due you from someone who has are the beneficiary of a living trust, expect proceeds from a life ne has died. |                           | are currently entitled to rece | eive property because   |
|       | No                         |  |                           |                                |                         |
|       | ☐ Yes.                     | Give specific information  |                           |                                |                         |
| _     |                            | against third parties, whether or not you have filed a law ples: Accidents, employment disputes, insurance claims, or rig              |                           | and for payment                |                         |
|       | ☐ Yes.                     | Describe each claim  |                           |                                |                         |
| _     | Other o                    | contingent and unliquidated claims of every nature, include  | ling counterclaims of     | of the debtor and rights to    | set off claims          |
|       | ☐ Yes.                     | Describe each claim  |                           |                                |                         |
|       | Any fin<br>I <sub>No</sub> | ancial assets you did not already list   |                           |                                |                         |
|       |                            | Give specific information  |                           |                                |                         |
| 36.   |                            | he dollar value of all of your entries from Part 4, including<br>art 4. Write that number here   |                           | es you have attached           | \$33,936.37             |
| Part  | 5: Des                     | scribe Any Business-Related Property You Own or Have an Intere   | st In. List any real esta | te in Part 1.                  |                         |
|       | No. Go                     | own or have any legal or equitable interest in any business-related to Part 6. So to line 38.  | d property?               |                                |                         |
| Part  |                            | scribe Any Farm- and Commercial Fishing-Related Property You ou own or have an interest in farmland, list it in Part 1.                | Own or Have an Interes    | t In.                          |                         |
| 46. I | Do you                     | own or have any legal or equitable interest in any farm-   | or commercial fishin      | g-related property?            |                         |
|       | No.                        | Go to Part 7.  |                           |                                |                         |
|       | ☐ Yes.                     | Go to line 47.   |                           |                                |                         |
| Part  | 7:                         | Describe All Property You Own or Have an Interest in That You  | Did Not List Above        |                                |                         |
|       |                            | have other property of any kind you did not already list?  bles: Season tickets, country club membership                               |                           |                                |                         |
|       | ■ No<br>□ Yes.             | Give specific information  |                           |                                |                         |
| 54.   | Add t                      | he dollar value of all of your entries from Part 7. Write tha  | t number here             |                                | \$0.00                  |
| Part  | 8:                         | List the Totals of Each Part of this Form  |                           |                                |                         |
| 55.   | Part 1                     | : Total real estate, line 2  |                           |                                | \$183,300.00            |
| 56.   | Part 2                     | 2: Total vehicles, line 5  | \$11,000.00               |                                |                         |
| 57.   | Part 3                     | 3: Total personal and household items, line 15   | \$3,600.00                |                                |                         |
| 58.   | Part 4                     | : Total financial assets, line 36  | \$33,936.37               |                                |                         |
| 59.   | Part 5                     | i: Total business-related property, line 45  | \$0.00                    |                                |                         |
| 60.   | Part 6                     | 3: Total farm- and fishing-related property, line 52   | \$0.00                    |                                |                         |
| 61.   | Part 7                     | ': Total other property not listed, line 54 +  | \$0.00                    |                                |                         |
| 62.   | Total                      | personal property. Add lines 56 through 61   | \$48,536.37               | Copy personal property to      | stal <b>\$48,536.37</b> |
| 63.   | Total                      | of all property on Schedule A/B. Add line 55 + line 62   |                           |                                | \$231,836.37            |

Official Form 106A/B Schedule A/B: Property

page 6

| Fill in this infor  | mation to identify your  | case:              |            |                                      |
|---------------------|--------------------------|--------------------|------------|--------------------------------------|
| Debtor 1            | William H Bacon,         | III                |            |                                      |
|                     | First Name               | Middle Name        | Last Name  |                                      |
| Debtor 2            |                          |                    |            |                                      |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name  |                                      |
| United States Ba    | ankruptcy Court for the: | EASTERN DISTRICT O | F MICHIGAN |                                      |
| Case number         | 19-42252                 |                    |            |                                      |
| (if known)          |                          |                    |            | ☐ Check if this is an amended filing |

## Official Form 106C

# Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

### Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property                          | Current value of the portion you own | Amount of the exemption you claim |   | Specific laws that allow exemption |  |
|--|--------------------------------------|-----------------------------------|---|------------------------------------|--|
|  | Copy the value from<br>Schedule A/B  | Che                               | ck only one box for each exemption.                             |                                    |  |
| 24252 Cabot Dr Woodhaven, MI<br>48183 Wayne County   | \$183,300.00                         |                                   | \$26,161.00   | Mich. Comp. Laws § 600.5451(1)(m)  |  |
| \$195,000 - 6% for cost of sale<br>Line from Schedule A/B: 1.1   |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| 2010 Hyundai Elantra 156,000.00<br>miles   | \$3,500.00                           |                                   | \$3,500.00  | Mich. Comp. Laws § 600.5451(1)(g)  |  |
| Line from Schedule A/B: <b>3.2</b>   |                                      |                                   | 100% of fair market value, up to any applicable statutory limit | (1)(3)                             |  |
| furntiure and household goods appliances   | \$2,200.00                           |                                   | \$2,200.00  | Mich. Comp. Laws § 600.5451(1)(c)  |  |
| model trains - home decor<br>lamps<br>kitchen items<br>lawn equipment<br>Line from <i>Schedule A/B</i> : 6.1 |                                      |                                   | 100% of fair market value, up to any applicable statutory limit | 000.5451(1)(6)                     |  |
| 2 TVs<br>computer  | \$900.00                             |                                   | \$900.00  | Mich. Comp. Laws § 600.5451(1)(c)  |  |
| printer DVD & Blue Ray Plaer Line from Schedule A/B: 7.1   |                                      |                                   | 100% of fair market value, up to any applicable statutory limit | 000.040 1(1)(0)                    |  |

| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own  Copy the value from Schedule A/B |             | ount of the exemption you claim                                 | Specific laws that allow exemption     |
|--|--|-------------|---|--|
| clothing Line from Schedule A/B: 11.1  | \$200.00   | <del></del> |   | Mich. Comp. Laws § 600.5451(1)(a)(iii) |
|  |  |             | 100% of fair market value, up to any applicable statutory limit |  |
| wedding band Line from Schedule A/B: 12.1  | \$50.00  |             | \$50.00   | Mich. Comp. Laws § 600.5451(1)(c)      |
| Ellio Holli Golfaddio 74 E. 1 Ellio  |  |             | 100% of fair market value, up to any applicable statutory limit |  |
| rollover IRA: Rollover - Knights of  | \$5,037.22   |             | \$5,037.22  | Mich. Comp. Laws § 600.5451(1)(k)      |
| Line from Schedule A/B: 21.1   |  |             | 100% of fair market value, up to any applicable statutory limit | 000.040 1(1)(N)                        |
| IRA: rollover - Fidelity Line from Schedule A/B: 21.2                                  | \$27,267.97  |             | \$27,267.97   | Mich. Comp. Laws § 600.5451(1)(k)      |
| Line Holli Schedule A/B. 21.2  |  |             | 100% of fair market value, up to any applicable statutory limit | 000.040 1(1)(N)                        |
| State Farm<br>Whole Life Ins Policy  | \$1,200.00   |             | \$1,200.00  | Mich. Comp. Laws § 500.2209            |
| Line from Schedule A/B: 31.2   |  |             | 100% of fair market value, up to any applicable statutory limit |  |
| Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every     |  |             | led on or after the date of adjustme                            | nt.)                                   |
| <b>-</b>   | red by the exemption wi  | ithin 1     | .215 davs before you filed this case                            | ?                                      |
| Yes. Did you acquire the property cover  | ica by the exemption wi  |             | , , ,   |  |

| Fill in this information           | on to identify you    | r case:   |                                       |  |                     |
|------------------------------------|-----------------------|---|---------------------------------------|--|---------------------|
|                                    | William H Bacor       | n, III  |                                       | _                                      |                     |
|                                    | irst Name             | Middle Name Last Name   |                                       |  |                     |
| Debtor 2 (Spouse if, filing) F     | ïrst Name             | Middle Name Last Name   |                                       | -                                      |                     |
| , , ,                              |                       |   |                                       |  |                     |
| United States Bankru               | ptcy Court for the:   | EASTERN DISTRICT OF MICHIGAN  |                                       | -                                      |                     |
| Case number 19-4                   | 2252                  |   |                                       |  |                     |
| (if known)                         |                       |   |                                       | ☐ Check                                | if this is an       |
|                                    |                       |   |                                       | amend                                  | ed filing           |
| O(() : 1   F   4                   | 000                   |   |                                       |  |                     |
| Official Form 1                    |                       |   |                                       |  |                     |
| Schedule D:                        | Creditors             | Who Have Claims Secur   | ed by Propert                         | У                                      | 12/15               |
| Be as complete and acc             | curate as possible. I | f two married people are filing together, both are  | equally responsible for su            | upplying correct informat              | tion. If more space |
| is needed, copy the Add            |                       | out, number the entries, and attach it to this form   |                                       |  |                     |
| number (if known).                 |                       |   |                                       |  |                     |
| 1. Do any creditors have           | •                     | , , , ,   | Variable and a substantial and        | la manager and the famous              |                     |
| _                                  |                       | nis form to the court with your other schedules   | . You have nothing else t             | to report on this form.                |                     |
| Yes. Fill in all of                | of the information b  | pelow.  |                                       |  |                     |
| Part 1: List All Se                | cured Claims          |   |                                       |  |                     |
|                                    |                       | nore than one secured claim, list the creditor separa-  |                                       | Column B                               | Column C            |
|                                    |                       | a particular claim, list the other creditors in Part 2. A cal order according to the creditor's name. | As Amount of claim  Do not deduct the | Value of collateral that supports this | Unsecured portion   |
|                                    |                       | and order about any to the ordered of name.   | value of collateral.                  | claim                                  | if any              |
| 2.1 Credit Accept                  | tance                 | Describe the property that secures the claim:   | \$9,551.00                            | \$7,500.00                             | \$2,051.00          |
| Creditor's Name                    |                       | 2011 Chrysler 200 140,000 miles   |                                       |  |                     |
| 25505 West 1                       | 2 Mile Rd             |   |                                       |  |                     |
| Suite 3000                         | 2 mile rea            | As of the date you file, the claim is: Check all that apply.  |                                       |  |                     |
| Southfield, M                      | I 48034               | ☐ Contingent  |                                       |  |                     |
| Number, Street, City,              | State & Zip Code      | ☐ Unliquidated  |                                       |  |                     |
|                                    |                       | ☐ Disputed  |                                       |  |                     |
| Who owes the debt?                 | Check one.            | Nature of lien. Check all that apply.   |                                       |  |                     |
| Debtor 1 only                      |                       | An agreement you made (such as mortgage or car loan)  | secured                               |  |                     |
| Debtor 2 only                      |                       | — (Car IOair)   |                                       |  |                     |
| ☐ Debtor 1 and Debtor              | •                     | ☐ Statutory lien (such as tax lien, mechanic's lien)  | )                                     |  |                     |
| ☐ At least one of the de           |                       | Judgment lien from a lawsuit  |                                       |  |                     |
| community debt                     | relates to a          | Other (including a right to offset)   |                                       |  |                     |
| ·                                  | _                     |   |                                       |  |                     |
|                                    | Opened                |   |                                       |  |                     |
|                                    | 12/17 Last<br>Active  |   |                                       |  |                     |
| Date debt was incurred             |                       | Last 4 digits of account number 252   | 2                                     |  |                     |
|                                    |                       |   |                                       |  |                     |
| 2.2 Quicken Loai                   | ns                    | Describe the property that secures the claim:   | \$157,139.00                          | \$183,300.00                           | \$0.00              |
| Creditor's Name                    |                       | 24252 Cabot Dr Woodhaven, MI  |                                       |  |                     |
|                                    |                       | 48183 Wayne County  |                                       |  |                     |
|                                    |                       | \$195,000 - 6% for cost of sale As of the date you file, the claim is: Check all that                 |                                       |  |                     |
| 662 Woodwa                         |                       | apply.  |                                       |  |                     |
| Detroit, MI 48                     |                       | Contingent  |                                       |  |                     |
| Number, Street, City,              | State & Zip Code      | Unliquidated  |                                       |  |                     |
| Who owes the debt?                 | Check one             | Disputed  Nature of lien. Check all that apply.   |                                       |  |                     |
| _                                  | OHEOR UHE.            | ☐ An agreement you made (such as mortgage or  | secured                               |  |                     |
| ■ Debtor 1 only □ Debtor 2 only    |                       | car loan)   | Josuica                               |  |                     |
| Debtor 2 only  Debtor 1 and Debtor | 2 only                | ☐ Statutory lien (such as tax lien, mechanic's lien)  | 1                                     |  |                     |
| At least one of the de             | •                     | Indoment lien from a lawsuit  | ,                                     |  |                     |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 2

| Debtor 1 William H       | Bacon, III                                |  | Case number (if known)       | 19-42252 |
|--------------------------|---|--|------------------------------|----------|
| First Name               | Middle Na                                 | me Last Name   |                              |          |
| ☐ Check if this claim re | elates to a                               | Other (including a right to offset)  |                              |          |
| Date debt was incurred   | Opened<br>08/15 Last<br>Active<br>1/15/19 | Last 4 digits of account number  | 0322                         |          |
|                          | of your form, add t                       | olumn A on this page. Write that number he dollar value totals from all pages. | nere: \$166,690<br>\$166,690 |          |

## Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

| Fill in this inf                        | ormation to identify your o  | ase:  |  |               |                          |                       |                    |
|---|--|---|--|---------------|--------------------------|-----------------------|--------------------|
| Debtor 1                                | William H Bacon,   |   |  |               |                          |                       |                    |
| Debior 1                                | First Name   | Middle Name   | Last Nam                                 | ie            |                          |                       |                    |
| Debtor 2<br>(Spouse if, filing)         | First Name   | Middle Name   | Last Nam                                 | ie            |                          |                       |                    |
| United States                           | Bankruptcy Court for the:  | EASTERN DISTRICT OF   | MICHIGAN                                 |               |                          |                       |                    |
| Case number                             | 19-42252   |   |  |               |                          |                       |                    |
| (if known)                              |  |   |  |               |                          | _                     | if this is an      |
|   |  |   |  |               |                          | amend                 | ed filing          |
| Schedule Be as complete any executory c | orm 106E/F  E E/F: Creditors W  and accurate as possible. Use contracts or unexpired leases ecutory Contracts and Unexpired                | e Part 1 for creditors with PF<br>that could result in a claim.       | RIORITY claims a                         | nd Part 2 fo  | s on Schedule A/B: P     | roperty (Official For | m 106A/B) and on   |
| Schedule D: Cre<br>eft. Attach the (    | editors Who Have Claims Secu<br>Continuation Page to this pag-<br>number (if known).   | red by Property. If more spa  | ice is needed, co                        | ppy the Part  | you need, fill it out, r | number the entries ir | the boxes on the   |
| Part 1: Lis                             | t All of Your PRIORITY Un  | secured Claims  |  |               |                          |                       |                    |
| 1. Do any cre                           | ditors have priority unsecured   | d claims against you?   |  |               |                          |                       |                    |
| ☐ No. Go                                | to Part 2.   |   |  |               |                          |                       |                    |
| Yes.                                    |  |   |  |               |                          |                       |                    |
| identify what possible, lis             | your priority unsecured claims at type of claim it is. If a claim ha at the claims in alphabetical orde ore than one creditor holds a part | s both priority and nonpriority a<br>r according to the creditor's na | amounts, list that<br>ime. If you have n | claim here a  | nd show both priority a  | nd nonpriority amount | s. As much as      |
| (For an exp                             | lanation of each type of claim, s  | ee the instructions for this forn                                     | n in the instruction                     | booklet.)     | Tatal alaim              | Driavity              | Namoriarity        |
|   |  |   |  |               | Total claim              | Priority amount       | Nonpriority amount |
|   | nal Revenue Service  | Last 4 digits of  | account number                           |               | \$3,000.00               | \$3,000.00            | \$0.00             |
| PO B                                    | Creditor's Name  Sox 802501  | When was the d  | lebt incurred?                           | 2017          |                          |                       |                    |
|   | innati, OH 45280-2501<br>er Street City State Zip Code   | As of the date v  | ou file, the claim                       | is: Check a   | II that apply            |                       |                    |
|   | rred the debt? Check one.  | ☐ Contingent  |  | . ICI ONOOR a | п шас арріу              |                       |                    |
| ■ Debtor                                | r 1 only   | ☐ Unliquidated  |  |               |                          |                       |                    |
| ☐ Debtor                                | r 2 only   | ☐ Disputed  |  |               |                          |                       |                    |
| ☐ Debtor                                | r 1 and Debtor 2 only  | Type of PRIORI  | TY unsecured cl                          | aim:          |                          |                       |                    |
|   | st one of the debtors and anothe   | r Domestic sup  | port obligations                         |               |                          |                       |                    |
| ☐ Check                                 | if this claim is for a commun  | ity debt Taxes and ce   | rtain other debts                        | you owe the   | government               |                       |                    |
|   | im subject to offset?  | · · · · · · · · · · · · · · · · · · ·                                 |  |               | u were intoxicated       |                       |                    |
| ■ No                                    |  | ☐ Other. Specif   |  |               |                          |                       |                    |
| ☐ Yes                                   |  |   | taxes                                    |               |                          |                       |                    |

| tor 1 William H Bacon, III  |  | Case nun  | nber (if known)   | 19-42252   |                              |                           |
|---|--|---|---|--|------------------------------|---------------------------|
| State Of Michigan Office Child Support  | Last 4 digits of account number  | 3425  | \$17,465.00   | \$17,465   | .00                          | \$0.0                     |
| Priority Creditor's Name Office of Child Support 235 S Grand Ave Pob 30037 Lansing, MI 48909  | When was the debt incurred?  | Opened 0<br>Active 12   | 9/16 Last<br>/19/18   | -  |                              |                           |
| Number Street City State Zip Code   | As of the date you file, the claim   | is: Check all t   | hat apply   |  |                              |                           |
| Who incurred the debt? Check one.   | ☐ Contingent   |   |   |  |                              |                           |
| Debtor 1 only   | ☐ Unliquidated   |   |   |  |                              |                           |
| ☐ Debtor 2 only   | ☐ Disputed   |   |   |  |                              |                           |
| ☐ Debtor 1 and Debtor 2 only  | Type of PRIORITY unsecured cla   | im:   |   |  |                              |                           |
| ☐ At least one of the debtors and another   | ■ Domestic support obligations   |   |   |  |                              |                           |
| ☐ Check if this claim is for a community debt   | ☐ Taxes and certain other debts y  | ou owe the go   | vernment  |  |                              |                           |
| Is the claim subject to offset?   | ☐ Claims for death or personal inj   |   |   |  |                              |                           |
| ■ No  | Other. Specify   |   |   |  |                              |                           |
| ☐ Yes   | Family Sup   | port  |   |  |                              |                           |
| No. You have nothing to report in this part. Submit  Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each claim.   | this form to the court with your other s  alphabetical order of the creditor v laim. For each claim listed, identify wh  | vho holds ead<br>at type of clair   | m it is. Do not list cla  | aims already inclu   | ided in Part                 | t 1. If more              |
| Do any creditors have nonpriority unsecured claim  No. You have nothing to report in this part. Submit  Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other Part 2.   | this form to the court with your other sealphabetical order of the creditor valaim. For each claim listed, identify what creditors in Part 3.If you have more to   | vho holds ead<br>at type of clair<br>nan three nonp   | m it is. Do not list cla  | aims already inclu<br>laims fill out the C   | ided in Part                 | t 1. If more<br>n Page of |
| No. You have nothing to report in this part. Submit  Yes.  ist all of your nonpriority unsecured claims in the nsecured claim, list the creditor separately for each claan one creditor holds a particular claim, list the other eart 2.  Amex  | this form to the court with your other s  alphabetical order of the creditor v laim. For each claim listed, identify wh  | vho holds ead<br>at type of clair<br>nan three nonp   | m it is. Do not list cla  | aims already inclu<br>laims fill out the C   | ided in Part<br>Continuation | t 1. If more<br>n Page of |
| No. You have nothing to report in this part. Submit  Yes.  ist all of your nonpriority unsecured claims in the nescured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other art 2.  Amex  Nonpriority Creditor's Name  Correspondence/Bankruptcy Po Box 981540   | this form to the court with your other sealphabetical order of the creditor valaim. For each claim listed, identify what creditors in Part 3.If you have more to   | who holds ead at type of clair nan three nonger   | m it is. Do not list cla<br>priority unsecured cl   | aims already inclu<br>laims fill out the C   | ided in Part<br>Continuation | t 1. If more<br>n Page of |
| No. You have nothing to report in this part. Submit  Yes.  ist all of your nonpriority unsecured claims in the nsecured claim, list the creditor separately for each clain one creditor holds a particular claim, list the other art 2.  Amex  Nonpriority Creditor's Name  Correspondence/Bankruptcy   | this form to the court with your other set alphabetical order of the creditor value. For each claim listed, identify where creditors in Part 3.If you have more to be a count number.  Last 4 digits of account number.  | who holds ead at type of clair nan three nonger 4323  Opene 2/15/19   | m it is. Do not list cla<br>priority unsecured cl<br>ded 10/16 Last A   | aims already inclu<br>laims fill out the C   | ided in Part<br>Continuation | t 1. If more<br>n Page of |
| No. You have nothing to report in this part. Submit  Yes.  ist all of your nonpriority unsecured claims in the nsecured claim, list the creditor separately for each clain one creditor holds a particular claim, list the other art 2.  Amex  Nonpriority Creditor's Name  Correspondence/Bankruptcy  Po Box 981540  El Paso, TX 79998   | this form to the court with your other sealphabetical order of the creditor valaim. For each claim listed, identify who creditors in Part 3.If you have more to  | who holds ead at type of clair nan three nonger 4323  Opene 2/15/19   | m it is. Do not list cla<br>priority unsecured cl<br>ded 10/16 Last A   | aims already inclu<br>laims fill out the C   | ided in Part<br>Continuation | t 1. If more<br>n Page of |
| No. You have nothing to report in this part. Submit  Yes.  ist all of your nonpriority unsecured claims in the nsecured claim, list the creditor separately for each clan one creditor holds a particular claim, list the other art 2.  Amex  Nonpriority Creditor's Name  Correspondence/Bankruptcy Po Box 981540 El Paso, TX 79998  Number Street City State Zip Code   | this form to the court with your other set alphabetical order of the creditor value. For each claim listed, identify where creditors in Part 3.If you have more to be a count number.  Last 4 digits of account number.  | who holds ead at type of clair nan three nonger 4323  Opene 2/15/19   | m it is. Do not list cla<br>priority unsecured cl<br>ded 10/16 Last A   | aims already inclu<br>laims fill out the C   | ided in Part<br>Continuation | t 1. If more<br>n Page of |
| No. You have nothing to report in this part. Submit  Yes.  List all of your nonpriority unsecured claims in the insecured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other eart 2.  Amex  Nonpriority Creditor's Name  Correspondence/Bankruptcy  Po Box 981540  El Paso, TX 79998  Number Street City State Zip Code  Who incurred the debt? Check one.  | this form to the court with your other sealphabetical order of the creditor value. For each claim listed, identify who creditors in Part 3.If you have more to be a sea 4 digits of account numb.  When was the debt incurred?  As of the date you file, the claim.  | who holds ead at type of clair nan three nonger 4323  Opene 2/15/19   | m it is. Do not list cla<br>priority unsecured cl<br>ded 10/16 Last A   | aims already inclu<br>laims fill out the C   | ided in Part<br>Continuation | t 1. If more<br>n Page of |
| No. You have nothing to report in this part. Submit  Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each chan one creditor holds a particular claim, list the other eart 2.  Amex  Nonpriority Creditor's Name  Correspondence/Bankruptcy  Po Box 981540  El Paso, TX 79998  Number Street City State Zip Code  Who incurred the debt? Check one.  Debtor 1 only  | this form to the court with your other sealphabetical order of the creditor of laim. For each claim listed, identify where creditors in Part 3.If you have more to be a count numb.  Last 4 digits of account numb.  When was the debt incurred?  As of the date you file, the cla   | who holds ead at type of clair nan three nonger 4323  Opene 2/15/19   | m it is. Do not list cla<br>priority unsecured cl<br>ded 10/16 Last A   | aims already inclu<br>laims fill out the C   | ided in Part<br>Continuation | t 1. If more<br>n Page of |
| No. You have nothing to report in this part. Submit  Yes.  ist all of your nonpriority unsecured claims in the insecured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other eart 2.  Amex  Nonpriority Creditor's Name  Correspondence/Bankruptcy  Po Box 981540  El Paso, TX 79998  Number Street City State Zip Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only   | this form to the court with your other set alphabetical order of the creditor valaim. For each claim listed, identify who creditors in Part 3.If you have more to the Last 4 digits of account numb  When was the debt incurred?  As of the date you file, the cla  Contingent Unliquidated  | who holds ead at type of clair nan three nonger 4323  Opene 2/15/19  Im is: Check a                                       | m it is. Do not list cla<br>priority unsecured cl<br>ded 10/16 Last A   | aims already inclu<br>laims fill out the C   | ided in Part<br>Continuation | t 1. If more<br>n Page of |
| No. You have nothing to report in this part. Submit  Yes.  List all of your nonpriority unsecured claims in the insecured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other eart 2.  Amex  Nonpriority Creditor's Name  Correspondence/Bankruptcy  Po Box 981540  El Paso, TX 79998  Number Street City State Zip Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  | this form to the court with your other set alphabetical order of the creditor value. For each claim listed, identify what creditors in Part 3.If you have more to be a set at a digits of account numb.  Last 4 digits of account numb.  When was the debt incurred?  As of the date you file, the claim Contingent Unliquidated  Disputed   | who holds ead at type of clair nan three nonger 4323  Opene 2/15/19  Im is: Check a                                       | m it is. Do not list cla<br>priority unsecured cl<br>ded 10/16 Last A   | aims already inclu<br>laims fill out the C   | ided in Part<br>Continuation | t 1. If more<br>n Page of |
| No. You have nothing to report in this part. Submit  Yes.  List all of your nonpriority unsecured claims in the insecured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other art 2.  Amex  Nonpriority Creditor's Name  Correspondence/Bankruptcy  Po Box 981540  El Paso, TX 79998  Number Street City State Zip Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  At least one of the debtors and another  Check if this claim is for a community debt   | this form to the court with your other sealphabetical order of the creditor value. For each claim listed, identify where creditors in Part 3.If you have more to creditors in Part 4.If you have more to credi | who holds ead at type of claim nan three nonger 4323  Opene 2/15/19  Im is: Check a                                       | m it is. Do not list classified and control of the | aims already inclu<br>laims fill out the C   | ided in Part<br>Continuation | t 1. If more<br>n Page of |
| No. You have nothing to report in this part. Submit  Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each chan one creditor holds a particular claim, list the other cart 2.  Amex  Nonpriority Creditor's Name  Correspondence/Bankruptcy  Po Box 981540  El Paso, TX 79998  Number Street City State Zip Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 2 only  At least one of the debtors and another  Check if this claim is for a community debt  Is the claim subject to offset? | this form to the court with your other set alphabetical order of the creditor value. For each claim listed, identify where creditors in Part 3.If you have more to creditors in Part 4.If you have more to cre | who holds ead at type of claim nan three nonger 4323  Opene 2/15/19  Im is: Check at the claim:                           | ed 10/16 Last /   | aims already includations fill out the Control of t | ided in Part<br>Continuation | t 1. If more<br>n Page of |
| No. You have nothing to report in this part. Submit  Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other art 2.  Amex  Nonpriority Creditor's Name  Correspondence/Bankruptcy  Po Box 981540  EI Paso, TX 79998  Number Street City State Zip Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  At least one of the debtors and another  Check if this claim is for a community debt   | this form to the court with your other sealphabetical order of the creditor value. For each claim listed, identify where creditors in Part 3.If you have more to creditors in Part 4.If you have more to credi | who holds ead at type of claim nan three nonper 4323  Opene 2/15/19  Im is: Check at a separation agreement of the claim: | ed 10/16 Last /   | aims already includations fill out the Control of t | ided in Part<br>Continuation | t 1. If more<br>n Page of |

| Debto | r 1 William H Bacon, III   |   | Case number (if known) 19-42252              |            |
|-------|--|---|--|------------|
| 4.2   | Best Buy/cbna  | Last 4 digits of account number                               | 4191   | \$1,358.00 |
|       | Nonpriority Creditor's Name  | When was the debt incurred?                                   | Opened 04/02 Last Active 12/06/17            |            |
|       | Number Street City State Zip Code Who incurred the debt? Check one.                        | As of the date you file, the claim                            | is: Check all that apply                     |            |
|       | Debtor 1 only  | ☐ Contingent  |  |            |
|       | Debtor 2 only  | ☐ Unliquidated  |  |            |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |            |
|       | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                 | d claim:                                     |            |
|       | ☐ Check if this claim is for a community   | ☐ Student loans   |  |            |
|       | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims    | ration agreement or divorce that you did not |            |
|       | ■ No   | Debts to pension or profit-sharing                            | g plans, and other similar debts             |            |
|       | Yes  | Other. Specify Charge Acc                                     | count  |            |
| 4.3   | Chase Card Services  | Last 4 digits of account number                               | 4218   | \$1,419.00 |
|       | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 15298 Wilmington, DE 19850             | When was the debt incurred?                                   | Opened 07/12 Last Active 8/08/17             |            |
|       | Number Street City State Zip Code  | As of the date you file, the claim                            | is: Check all that apply                     |            |
|       | Who incurred the debt? Check one.  |   |  |            |
|       | Debtor 1 only  | ☐ Contingent  |  |            |
|       | ☐ Debtor 2 only  | ☐ Unliquidated  |  |            |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |            |
|       | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                 | d claim:                                     |            |
|       | ☐ Check if this claim is for a community   | ☐ Student loans   |  |            |
|       | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims    | ration agreement or divorce that you did not |            |
|       | ■ No   | ☐ Debts to pension or profit-sharing                          | g plans, and other similar debts             |            |
|       | ☐ Yes  | Other. Specify Credit Card                                    | I  |            |
| 4.4   | Chase Card Services  | Last 4 digits of account number                               | 9334   | \$981.00   |
|       | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 15298                                  | When was the debt incurred?                                   | Opened 11/99 Last Active 8/08/17             |            |
|       | Wilmington, DE 19850  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim                            | is: Check all that apply                     |            |
|       | Debtor 1 only  | ☐ Contingent  |  |            |
|       | Debtor 2 only  | ☐ Unliquidated  |  |            |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |            |
|       | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure                                  | d claim:                                     |            |
|       | ☐ Check if this claim is for a community   | ☐ Student loans   |  |            |
|       | debt   |   | ration agreement or divorce that you did not |            |
|       | Is the claim subject to offset?  | report as priority claims  Debts to pension or profit-sharing | a plane, and other similar debte             |            |
|       |  |   |  |            |
|       | Yes  | Other. Specify Charge Acc                                     | Count  |            |

| Debtor | 1 William H Bacon, III   |   | Case number (if known)         | 19-42252          |            |
|--------|--|---|--------------------------------|-------------------|------------|
| 4.5    | Citibank/Goodyear Nonpriority Creditor's Name  | Last 4 digits of account number   | 1400                           |                   | \$771.00   |
|        | Citibank Corp/Centralized<br>Bankruptcy<br>Po Box 790034                                 | When was the debt incurred?   | Opened 11/10 Last 7/14/17      | Active            |            |
|        | St Louis, MO 63179  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim i  | s: Check all that apply        |                   |            |
|        | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only                             | ☐ Contingent☐ Unliquidated☐ Disputed  |                                |                   |            |
|        | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured   | d claim:                       |                   |            |
|        | ☐ Check if this claim is for a community debt Is the claim subject to offset?            | ☐ Student loans ☐ Obligations arising out of a sepa report as priority claims       | ration agreement or divorce t  | that you did not  |            |
|        | ■ No   | ☐ Debts to pension or profit-sharin   | g plans, and other similar del | ots               |            |
|        | □Yes   | Other. Specify Charge Acc   | count                          |                   |            |
| 4.6    | Citibank/The Home Depot Nonpriority Creditor's Name                                      | Last 4 digits of account number   | 8306                           |                   | \$3,062.00 |
|        | Attn: Recovery/Centralized<br>Bankruptcy<br>Po Box 790034                                | When was the debt incurred?   | Opened 07/11 Last 8/08/17      | Active            |            |
|        | St Louis, MO 63179  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim i  | s: Check all that apply        |                   |            |
|        | ■ Debtor 1 only  | ☐ Contingent  |                                |                   |            |
|        | Debtor 2 only  | ☐ Unliquidated  |                                |                   |            |
|        | Debtor 1 and Debtor 2 only   | ☐ Disputed  |                                |                   |            |
|        | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured   | d claim:                       |                   |            |
|        | ☐ Check if this claim is for a community debt Is the claim subject to offset?            | ☐ Student loans ☐ Obligations arising out of a sepa report as priority claims       | ration agreement or divorce t  | that you did not  |            |
|        | ■ No   | Debts to pension or profit-sharin   | g plans, and other similar del | ots               |            |
|        | Yes  | Other. Specify Charge Acc   | count                          |                   |            |
| 4.7    | Comenitybank/Meijer Nonpriority Creditor's Name  | Last 4 digits of account number   | 4539                           |                   | \$1,133.00 |
|        | Attn: Bankruptcy Po Box 182273 Columbus, OH 43218  | When was the debt incurred?   | Opened 11/16 Last 8/04/17      | Active            |            |
|        | Number Street City State Zip Code Who incurred the debt? Check one.                      | As of the date you file, the claim i  | s: Check all that apply        |                   |            |
|        | Debtor 1 only  | ☐ Contingent  |                                |                   |            |
|        | Debtor 2 only  | ☐ Unliquidated  |                                |                   |            |
|        | Debtor 1 and Debtor 2 only   | ☐ Disputed  |                                |                   |            |
|        | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured   | d claim:                       |                   |            |
|        | ☐ Check if this claim is for a community debt  | Student loans   | rotion agracoment or diverse   | that you did not  |            |
|        | Is the claim subject to offset?  | <ul> <li>Obligations arising out of a sepa<br/>report as priority claims</li> </ul> | ration agreement of divorce t  | ırıat you did not |            |
|        | ■ No   | ☐ Debts to pension or profit-sharin   | g plans, and other similar del | ots               |            |
|        | ☐ Yes  | ■ Other. Specify Charge Acc   | count                          |                   |            |
|        |  |   |                                |                   |            |

| Debtor | William H Bacon, III   |   | Case number (if known)            | 19-42252         |            |
|--------|--|---|-----------------------------------|------------------|------------|
|        | Comenitybank/meijermc Nonpriority Creditor's Name  | Last 4 digits of account number                               | 0904                              |                  | \$1,002.00 |
|        | Attn: Bankruptcy Po Box 182273 Columbus, OH 43218  | When was the debt incurred?                                   | Opened 09/12 Last 8/08/17         | Active           |            |
|        | Number Street City State Zip Code  Who incurred the debt? Check one.                           | As of the date you file, the claim                            | s: Check all that apply           |                  |            |
|        | ■ Debtor 1 only  | ☐ Contingent  |                                   |                  |            |
|        | ☐ Debtor 2 only  | ☐ Unliquidated  |                                   |                  |            |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |                                   |                  |            |
|        | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                 | d claim:                          |                  |            |
|        | ☐ Check if this claim is for a community   | ☐ Student loans   |                                   |                  |            |
|        | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims    | ration agreement or divorce       | that you did not |            |
|        | ■ No   | Debts to pension or profit-sharing                            | g plans, and other similar de     | bts              |            |
|        | Yes  | Other. Specify Credit Card                                    | <u> </u>                          |                  |            |
|        | Jn Portfolio Debt Equities, LLC Nonpriority Creditor's Name                                    | Last 4 digits of account number                               | 9217                              |                  | \$1,056.00 |
|        | Attn: Bankruptcy<br>5757 Phantom Dr. Ste 225<br>Hazelwood, MO 63042                            | When was the debt incurred?                                   | Opened 02/18                      |                  |            |
|        | Number Street City State Zip Code  | As of the date you file, the claim                            | s: Check all that apply           |                  |            |
|        | Who incurred the debt? Check one.  |   |                                   |                  |            |
|        | Debtor 1 only  | ☐ Contingent  |                                   |                  |            |
|        | Debtor 2 only  | ☐ Unliquidated  |                                   |                  |            |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |                                   |                  |            |
|        | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                 | d claim:                          |                  |            |
|        | ☐ Check if this claim is for a community   | ☐ Student loans   |                                   |                  |            |
|        | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims  | -                                 | •                |            |
|        | No   | Debts to pension or profit-sharing                            | g plans, and other similar de     | bts              |            |
|        | Yes  | ■ Other. Specify Serviced B                                   | Company Account We<br>y Lendingcl | ebbank<br>       |            |
| _      | LendingClub  | Last 4 digits of account number                               | 2838                              |                  | Unknown    |
|        | Nonpriority Creditor's Name Attn: Bankruptcy 71 Stevenson St, Ste 1000 San Francisco, CA 94105 | When was the debt incurred?                                   | Opened 10/15 Last 9/01/17         | Active           |            |
| -      | Number Street City State Zip Code Who incurred the debt? Check one.                            | As of the date you file, the claim                            | s: Check all that apply           |                  |            |
|        | ■ Debtor 1 only  | ☐ Contingent  |                                   |                  |            |
|        | ☐ Debtor 2 only  | ☐ Unliquidated  |                                   |                  |            |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |                                   |                  |            |
|        | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure                                  | d claim:                          |                  |            |
|        | ☐ Check if this claim is for a community   | ☐ Student loans   |                                   |                  |            |
|        | debt   | Obligations arising out of a sepa                             | ration agreement or divorce       | that you did not |            |
|        | Is the claim subject to offset?  | report as priority claims  Debts to pension or profit-sharing | a plane, and other similer de     | hto              |            |
|        | ■ No   | ·   | •                                 | ມເຈ              |            |
|        | Yes  | Other. Specify Unsecured                                      |                                   |                  |            |

| William H Bacon, III   |                                       | Case number (if known) 19-42252               |            |
|--|---------------------------------------|---|------------|
| Lincoln Automotive Financial<br>Service  | Last 4 digits of account number       | 0500  | Unknowr    |
| Nonpriority Creditor's Name<br>Attn: Bankruptcy<br>Po Box 542000<br>Omaha, NE 68154        | When was the debt incurred?           | Opened 3/12/15 Last Active 11/09/17           |            |
| Number Street City State Zip Code  | As of the date you file, the claim    | is: Check all that apply                      |            |
| Who incurred the debt? Check one.  |                                       |   |            |
| Debtor 1 only  | ☐ Contingent                          |   |            |
| Debtor 2 only  | ☐ Unliquidated                        |   |            |
| Debtor 1 and Debtor 2 only   | ☐ Disputed                            |   |            |
| At least one of the debtors and another  | Type of NONPRIORITY unsecure          | d claim:                                      |            |
| ☐ Check if this claim is for a community   |                                       | aration agreement or divorce that you did not |            |
| s the claim subject to offset?   | report as priority claims             |   |            |
| ■ No   | Debts to pension or profit-sharin     | ,   |            |
| Yes  | Other. Specify Auto Lease             |   |            |
| LVNV Funding/Resurgent Capital   | Last 4 digits of account number       | 2605  | \$1,018.00 |
| Nonpriority Creditor's Name<br>Attn: Bankruptcy<br>Po Box 10497                            | When was the debt incurred?           | Opened 03/18                                  |            |
| Greenville, SC 29603  Jumber Street City State Zip Code  Vho incurred the debt? Check one. | As of the date you file, the claim    | is: Check all that apply                      |            |
| Debtor 1 only  | ☐ Contingent                          |   |            |
| Debtor 2 only  | ☐ Unliquidated                        |   |            |
| Debtor 1 and Debtor 2 only   | ☐ Disputed                            |   |            |
| At least one of the debtors and another  | Type of NONPRIORITY unsecured         | d claim:                                      |            |
| ☐ Check if this claim is for a community   | ☐ Student loans                       |   |            |
| lebt<br>s the claim subject to offset?   | report as priority claims             | ration agreement or divorce that you did not  |            |
| No   | Debts to pension or profit-sharing    | g plans, and other similar debts              |            |
| ☐ Yes  | ■ Other. Specify Factoring (Bank N.A. | Company Account Credit One                    |            |
| Members Source Cu  | Last 4 digits of account number       | 1797  | \$6,622.00 |
| Nonpriority Creditor's Name<br>8580 Virginia St<br>Merrillville, IN 46410                  | When was the debt incurred?           | Opened 09/93 Last Active 6/29/17              |            |
| Number Street City State Zip Code  Who incurred the debt? Check one.                       | As of the date you file, the claim    | is: Check all that apply                      |            |
| Debtor 1 only  | ☐ Contingent                          |   |            |
| Debtor 2 only  | ☐ Unliquidated                        |   |            |
| Debtor 1 and Debtor 2 only   | ☐ Disputed                            |   |            |
| At least one of the debtors and another  | Type of NONPRIORITY unsecure          | d claim:                                      |            |
| Check if this claim is for a community   | Student loans                         |   |            |
| lebt<br>s the claim subject to offset?   | report as priority claims             | aration agreement or divorce that you did not |            |
| No   | Debts to pension or profit-sharing    |   |            |
| ☐ Yes  | Other. Specify Credit Card            | I   |            |

| 1 William H Bacon, III   |  | Case number (if known)        | 19-42252         |         |
|--|--|-------------------------------|------------------|---------|
| Members Source Cu  | Last 4 digits of account number                            | 0000                          |                  | \$4,297 |
| Nonpriority Creditor's Name  | _  |                               |                  |         |
| 8580 Virginia St<br>Merrillville, IN 46410                           | When was the debt incurred?                                | Opened 10/16 Las<br>6/21/17   | t Active         |         |
| Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim                         | is: Check all that apply      |                  |         |
| ■ Debtor 1 only  | ☐ Contingent   |                               |                  |         |
| Debtor 2 only  | ☐ Unliquidated   |                               |                  |         |
| □ Debtor 1 and Debtor 2 only   | ☐ Disputed   |                               |                  |         |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecure                               | d claim:                      |                  |         |
| ☐ Check if this claim is for a community                             | ☐ Student loans  |                               |                  |         |
| debt Is the claim subject to offset?                                 | Obligations arising out of a separeport as priority claims | ration agreement or divorce   | that you did not |         |
| ■ No   | Debts to pension or profit-sharing                         | g plans, and other similar de | ebts             |         |
| ☐ Yes  | Other Specify Unsecured                                    |                               |                  |         |
| Members Source Cu  | Last 4 digits of account number                            | 0200                          |                  | \$1,788 |
| Nonpriority Creditor's Name  |  |                               |                  | . ,     |
| 8580 Virginia St<br>Merrillville, IN 46410                           | When was the debt incurred?                                | Opened 01/17 Las<br>6/15/17   | t Active         |         |
| Number Street City State Zip Code                                    | As of the date you file, the claim                         | is: Check all that apply      |                  |         |
| Who incurred the debt? Check one.                                    | •  | ,                             |                  |         |
| ■ Debtor 1 only  | ☐ Contingent   |                               |                  |         |
| Debtor 2 only  | ☐ Unliquidated   |                               |                  |         |
| Debtor 1 and Debtor 2 only   | ☐ Disputed   |                               |                  |         |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured                              | d claim:                      |                  |         |
| ☐ Check if this claim is for a community                             | ☐ Student loans  |                               |                  |         |
| debt Is the claim subject to offset?                                 | Obligations arising out of a separeport as priority claims | ration agreement or divorce   | that you did not |         |
| ■ No   | Debts to pension or profit-sharing                         | g plans, and other similar de | ebts             |         |
| Yes  | Other. Specify Unsecured                                   |                               |                  |         |
| Merrick Bank/CardWorks   | Last 4 digits of account number                            | 5454                          |                  | \$1,807 |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 9201             | When was the debt incurred?                                | Opened 01/17 Las 9/13/17      | t Active         |         |
| Old Bethpage, NY 11804   |  | 3.0                           |                  |         |
| Number Street City State Zip Code                                    | As of the date you file, the claim                         | is: Check all that apply      |                  |         |
| Who incurred the debt? Check one.                                    |  |                               |                  |         |
| Debtor 1 only  | ☐ Contingent   |                               |                  |         |
| Debtor 2 only  | ☐ Unliquidated   |                               |                  |         |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |                               |                  |         |
| $\square$ At least one of the debtors and another                    | Type of NONPRIORITY unsecured                              | d claim:                      |                  |         |
| ☐ Check if this claim is for a community                             | Student loans  |                               |                  |         |
| debt Is the claim subject to offset?                                 | Obligations arising out of a separeport as priority claims | · ·                           | •                |         |
| ■ No   | Debts to pension or profit-sharing                         | •                             | ebts             |         |
| ☐ Yes  | ■ Other. Specify Credit Card                               | l                             |                  |         |

| Debto    | or 1 William H Bacon, III   |  | Case number (if known) 19-42252               |            |
|----------|---|--|---|------------|
| 4.1<br>7 | Midland Funding   | Last 4 digits of account number                              | 3592  | \$1,778.00 |
| ,        | Nonpriority Creditor's Name 2365 Northside Dr Ste 300 San Diego, CA 92108               | When was the debt incurred?                                  | Opened 04/18                                  |            |
|          | Number Street City State Zip Code Who incurred the debt? Check one.                     | As of the date you file, the claim                           | is: Check all that apply                      |            |
|          | ■ Debtor 1 only   | ☐ Contingent   |   |            |
|          | Debtor 2 only   | ☐ Unliquidated   |   |            |
|          | Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |            |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure                                 | d claim:                                      |            |
|          | ☐ Check if this claim is for a community  | ☐ Student loans  |   |            |
|          | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not  |            |
|          | ■ No  | Debts to pension or profit-sharing                           | g plans, and other similar debts              |            |
|          | □Yes  | ■ Other. Specify Bank  | Company Account Synchrony                     |            |
| 4.1<br>8 | NCB Management Services   | Last 4 digits of account number                              | 0465  | \$4,243.00 |
|          | Nonpriority Creditor's Name Attn: Bankruptcy One Allied Drive                           | When was the debt incurred?                                  | Opened 11/17                                  |            |
|          | Trevose, PA 19053  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | is: Check all that apply                      |            |
|          | ■ Debtor 1 only   | ☐ Contingent   |   |            |
|          | Debtor 2 only   | ☐ Unliquidated   |   |            |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |            |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure                                 | d claim:                                      |            |
|          | ☐ Check if this claim is for a community  | ☐ Student loans  |   |            |
|          | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |            |
|          | No  | Debts to pension or profit-sharing                           | g plans, and other similar debts              |            |
|          | ☐ Yes   | ■ Other. Specify Factoring (Bank Trust                       | Company Account Republic<br>Co                |            |
| 4.1<br>9 | Synchrony Bank  | Last 4 digits of account number                              | 6379  | \$153.00   |
|          | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 Orlando, FL 32896            | When was the debt incurred?                                  | Opened 12/16 Last Active 1/15/19              |            |
|          | Number Street City State Zip Code  Who incurred the debt? Check one.                    | As of the date you file, the claim                           | is: Check all that apply                      |            |
|          | Debtor 1 only   | ☐ Contingent   |   |            |
|          | Debtor 2 only   | ☐ Unliquidated   |   |            |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |            |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure                                 | d claim:                                      |            |
|          | ☐ Check if this claim is for a community  | ☐ Student loans  |   |            |
|          | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims   | aration agreement or divorce that you did not |            |
|          | ■ No  | Debts to pension or profit-sharing                           | g plans, and other similar debts              |            |
|          | ☐ Yes   | Other. Specify Charge Acc                                    | count   |            |

| or 1 William H Bacon, III  |   | Case number (if known)         | 19-42252         |            |
|--|---|--------------------------------|------------------|------------|
| Synchrony Bank/Walmart   | Last 4 digits of account number   | 6433                           |                  | \$1,863.00 |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 Orlando, FL 32896 Number Street City State Zip Code | When was the debt incurred?  As of the date you file, the claim               | Opened 11/16 Las 8/01/17       | t Active         |            |
| Who incurred the debt? Check one.  | As of the date you me, the claim  | is. Offect all that apply      |                  |            |
| ■ Debtor 1 only  | ☐ Contingent  |                                |                  |            |
| Debtor 2 only  | ☐ Unliquidated  |                                |                  |            |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  |                                |                  |            |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure  | d claim:                       |                  |            |
| ☐ Check if this claim is for a community   | ☐ Student loans   |                                |                  |            |
| debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims                    | aration agreement or divorce   | that you did not |            |
| ■ No   | Debts to pension or profit-sharing  | ng plans, and other similar de | ebts             |            |
| □ Yes  | ■ Other. Specify Charge Acc   | count                          |                  |            |
| Synchrony Bank/Walmart   | Last 4 digits of account number   | 9742                           |                  | \$586.00   |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060   | When was the debt incurred?   | Opened 05/14 Las<br>8/08/17    | t Active         |            |
| Orlando, FL 32896  Number Street City State Zip Code   | As of the date you file, the claim  | is: Check all that apply       |                  |            |
| Who incurred the debt? Check one.  | · · · · · · · · · · · · · · · · · · ·   | one of the contract apply      |                  |            |
| Debtor 1 only  | ☐ Contingent  |                                |                  |            |
| Debtor 2 only  | ☐ Unliquidated  |                                |                  |            |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |                                |                  |            |
| $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecure  | d claim:                       |                  |            |
| ☐ Check if this claim is for a community debt  | <ul><li>☐ Student loans</li><li>☐ Obligations arising out of a sepa</li></ul> | aration agreement or divorce   | that you did not |            |
| Is the claim subject to offset?  | report as priority claims   |                                |                  |            |
| No   | Debts to pension or profit-sharir   | ng plans, and other similar de | ebts             |            |
| Yes  | Other. Specify Charge Acc   | count                          |                  |            |
| The Bureaus Inc  | Last 4 digits of account number   | 9708                           |                  | \$1,736.00 |
| Nonpriority Creditor's Name Attn: Bankruptcy 650 Dundee Rd, Ste 370 Northbrook, IL 60062                       | When was the debt incurred?   | Opened 01/18                   |                  |            |
| Number Street City State Zip Code  Who incurred the debt? Check one.   | As of the date you file, the claim  | is: Check all that apply       |                  |            |
| Debtor 1 only  | ☐ Contingent  |                                |                  |            |
| Debtor 2 only  | ☐ Unliquidated  |                                |                  |            |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  |                                |                  |            |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure  | d claim:                       |                  |            |
| ☐ Check if this claim is for a community   | ☐ Student loans   |                                |                  |            |
| debt   | Obligations arising out of a sepa   | aration agreement or divorce   | that you did not |            |
| Is the claim subject to offset?  | report as priority claims  Debts to pension or profit-sharir                  | ug plane, and other similar de | ohte             |            |
| ■ No   | , ,   | •                              |                  |            |
| Yes  | Other. Specify Collection   | Attorney Capital One           | e N.A.           |            |

|                                      | Case number (if known)  | 19-42252  |  |
|--------------------------------------|---|---|--|
| Last 4 digits of account number      | 0660  |   | \$4,547.00   |
| When was the debt incurred?          | Opened 07/08 Last A<br>5/10/17  | active  |  |
| As of the date you file, the claim   | is: Check all that apply  |   |  |
| Contingent                           |   |   |  |
|                                      |   |   |  |
| <u> </u>                             |   |   |  |
| •                                    | d claim:  |   |  |
| ☐ Student loans                      |   |   |  |
| ☐ Obligations arising out of a sepa  | aration agreement or divorce that   | at you did not  |  |
| <u></u>                              | ng plans, and other similar debts   | 3   |  |
|                                      |   |   |  |
|                                      | 0004  |   | \$500.00   |
| Last 4 digits of account number      |   |   | \$500.00   |
| When was the debt incurred?          | Opened 07/94 Last A<br>4/28/17  | active  |  |
| _                                    |   |   |  |
| As of the date you file, the claim   | is: Check all that apply  |   |  |
| _                                    |   |   |  |
|                                      |   |   |  |
| ☐ Unliquidated                       |   |   |  |
| Disputed                             |   |   |  |
|                                      | d claim:  |   |  |
| _                                    |   |   |  |
| report as priority claims            | · ·   | •   |  |
| ☐ Debts to pension or profit-sharing | ig plans, and other similar debts   | 5   |  |
| Other. Specify                       |   |   |  |
| Last 4 digits of account number      | 2910  |   | \$1,824.00   |
| When was the debt incurred?          | Opened 11/13 Last A<br>7/11/17  | active  |  |
| As of the date you file, the claim   | is: Check all that apply  | _   |  |
| Contingent                           |   |   |  |
| 3                                    |   |   |  |
| _                                    |   |   |  |
| •                                    | d claim:  |   |  |
| Student loans                        |   |   |  |
|                                      | pration agreement or divorce the  | at you did not  |  |
| report as priority claims            | aduon agreement of divorce tha  | at you did fiot   |  |
| <u></u>                              |   | _   |  |
| Debts to pension or profit-sharing   | ig plans, and other similar debts   | 5   |  |
|                                      | Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim in the clai | Last 4 digits of account number    Copened 07/08 Last A 5/10/17 | Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check all that apply  Credit Card  Last 4 digits of account number When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify  Last 4 digits of account number Debts to pension or profit-sharing plans, and other similar debts Other. Specify  Last 4 digits of account number Debts to pension or profit-sharing plans, and other similar debts Other. Specify  Last 4 digits of account number Debts to pension or profit-sharing plans, and other similar debts Cother. Specify  Last 4 digits of account number Debts to pension or profit-sharing plans, and other similar debts Cother. Specify  Last 4 digits of account number Debts to pension or profit-sharing plans, and other similar debts Cother. Specify  Last 4 digits of account number Debts to pension or profit-sharing plans, and other similar debts Cother. Specify  Last 4 digits of account number Debts to pension or profit-sharing plans, and other similar debts Cother. Specify  Cother. Specify  Last 4 digits of account number Debts to pension or profit-sharing plans, and other similar debts Cother Specify  Last 4 digits of account number Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not |

Part 3: List Others to Be Notified About a Debt That You Already Listed

Official Form 106 E/F Schedule E/F: Creditors Who Have Unsecured Claims

Page 10 of 11

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

| Name and Address 33rd Dist Court 18W20 19000 Van Horn Rd Woodhaven, MI 48183 | On which entry in Part 1 or Part 2 did<br>Line <b>4.23</b> of ( <i>Check one</i> ): | d you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims |  |  |  |  |
|--|---|--|--|--|--|--|
|  | Last 4 digits of account number   |  |  |  |  |  |
| Name and Address   | On which entry in Part 1 or Part 2 did  | d you list the original creditor?  |  |  |  |  |
| Buckles & Buckles PLC  | Line <b>4.23</b> of ( <i>Check one</i> ):   | ☐ Part 1: Creditors with Priority Unsecured Claims   |  |  |  |  |
| PO Box 1150<br>Birmingham, MI 48012  |   | Part 2: Creditors with Nonpriority Unsecured Claims  |  |  |  |  |
| Biriningnam, wii 40012   | Last 4 digits of account number   |  |  |  |  |  |
| Name and Address   | On which entry in Part 1 or Part 2 did you list the original creditor?              |  |  |  |  |  |
| In the Lake Superior Court   | Line <u>4.13</u> of ( <i>Check one</i> ):   | ☐ Part 1: Creditors with Priority Unsecured Claims   |  |  |  |  |
| 45D01-1804-CC-177<br>232 Russell St<br>Hammond, IN 46320                     |   | ■ Part 2: Creditors with Nonpriority Unsecured Claims  |  |  |  |  |
|  | Last 4 digits of account number   |  |  |  |  |  |
| Name and Address   | On which entry in Part 1 or Part 2 did  | d you list the original creditor?  |  |  |  |  |
| Sherry Bacon   | Line 2.2 of (Check one):  | ■ Part 1: Creditors with Priority Unsecured Claims   |  |  |  |  |
| 24504 Circle Canyon<br>Flat Rock, MI 48134                                   |   | ☐ Part 2: Creditors with Nonpriority Unsecured Claims  |  |  |  |  |
| i lat itoon, iii ao ioa  | Last 4 digits of account number   |  |  |  |  |  |

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     | Total Claim     |
|--------------|-----|---|-----|-----------------|
|              | 6a. | Domestic support obligations  | 6a. | \$<br>17,465.00 |
| Total claims |     |   |     | <br>·           |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$<br>3,000.00  |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$<br>0.00      |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$<br>0.00      |
|              | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$<br>20,465.00 |
|              |     |   |     | Total Claim     |
|              | 6f. | Student loans   | 6f. | \$<br>0.00      |
| Total claims |     |   |     |                 |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00      |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$<br>0.00      |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$<br>44,213.00 |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$<br>44,213.00 |

| Fill in this infor  |                          |                    |            |                     |
|---------------------|--------------------------|--------------------|------------|---------------------|
| Debtor 1            | William H Bacon,         | III                |            |                     |
|                     | First Name               | Middle Name        | Last Name  |                     |
| Debtor 2            |                          |                    |            |                     |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name  |                     |
| United States Ba    | ankruptcy Court for the: | EASTERN DISTRICT O | F MICHIGAN |                     |
| _                   | 19-42252                 |                    |            |                     |
| (if known)          |                          |                    |            | Check if this is an |
|                     |                          |                    |            | amended filing      |

## Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| ı   | Person or | company with | whom you have the<br>r, Street, City, State and ZIP | e contract or lease | State what the contract or lease is for |  |  |  |  |
|-----|-----------|--------------|---|---------------------|---|--|--|--|--|
| 2.1 |           |              |   |                     |   |  |  |  |  |
|     | Name      |              |   |                     |   |  |  |  |  |
|     | Number    | Street       |   |                     |   |  |  |  |  |
|     | City      |              | State   | ZIP Code            | _                                       |  |  |  |  |
| 2.2 |           |              |   |                     |   |  |  |  |  |
|     | Name      |              |   |                     |   |  |  |  |  |
|     | Number    | Street       |   |                     |   |  |  |  |  |
|     | City      |              | State   | ZIP Code            | _                                       |  |  |  |  |
| 2.3 | Oity      |              | Olato   | 211 0000            |   |  |  |  |  |
|     | Name      |              |   |                     | _                                       |  |  |  |  |
|     | Number    | Street       |   |                     | <u> </u>                                |  |  |  |  |
|     | City      |              | State   | ZIP Code            | _                                       |  |  |  |  |
| 2.4 | Oity      |              | Olato   | Zii Godo            |   |  |  |  |  |
|     | Name      |              |   |                     |   |  |  |  |  |
|     | Number    | Street       |   |                     | _                                       |  |  |  |  |
|     | City      |              | State   | ZIP Code            | _                                       |  |  |  |  |
| 2.5 | Oity      |              | State   | ZIF COUC            |   |  |  |  |  |
| 0   | Name      |              |   |                     |   |  |  |  |  |
|     | Number    | Street       |   |                     | _                                       |  |  |  |  |
|     | City      |              | State   | ZIP Code            | _                                       |  |  |  |  |

| Fill in this                 | s information to identify your                                       | case:                       |                           |   |   |
|------------------------------|--|-----------------------------|---------------------------|---|---|
| Debtor 1                     | William H Bacon,   | III                         |                           |   |   |
| <b>5</b> 1                   | First Name   | Middle Name                 | Last Name                 |   |   |
| Debtor 2<br>(Spouse if, fili | ing) First Name  | Middle Name                 | Last Name                 |   |   |
| United Sta                   | ates Bankruptcy Court for the:                                       | EASTERN DISTRICT O          | OF MICHIGAN               |   |   |
| Case num                     | nber <b>19-42252</b>   |                             |                           |   |   |
| (if known)                   |  |                             |                           |   | Check if this is an amended filing  |
| Schec<br>Codebtors           |  | e also liable for any del   |                           |   | 12/15   |
| fill it out, a               |  | boxes on the left. Attacl   | h the Additional Page t   |   | eeded, copy the Additional Page,<br>o of any Additional Pages, write  |
| 1. Do                        | you have any codebtors? (If y  | ou are filing a joint case, | do not list either spouse | e as a codebtor.                        |   |
| ■ No                         |  |                             |                           |   |   |
| ☐ Yes                        | S  |                             |                           |   |   |
|                              | thin the last 8 years, have you<br>na, California, Idaho, Louisiana, |                             |                           |   | y states and territories include  |
|                              | . Go to line 3.<br>s. Did your spouse, former spou                   | se, or legal equivalent liv | e with you at the time?   |   |   |
| in line<br>Form              | e 2 again as a codebtor only i                                       | that person is a guarar     | ntor or cosigner. Make    | sure you have listed th                 | g with you. List the person shown<br>ne creditor on Schedule D (Official<br>Schedule E/F, or Schedule G to fill |
|                              | Column 1: Your codebtor<br>Name, Number, Street, City, State and ZI  | <sup>2</sup> Code           |                           | Column 2: The cre<br>Check all schedule | editor to whom you owe the debt es that apply:  |
| 3.1                          |  |                             |                           | ☐ Schedule D, line                      | e   |
|                              | Name   |                             |                           | ☐ Schedule E/F, I☐ Schedule G, line     |   |
| -                            | Number Street  |                             |                           | — Schedule G, IIn                       | e   |
|                              | City   | State                       | ZIP Code                  |   |   |
| 3.2                          |  |                             |                           | ☐ Schedule D, line                      | e   |
|                              | Name   |                             |                           | Schedule E/F, I                         |   |
|                              |  |                             |                           | ☐ Schedule G, line                      | e   |
| =                            | Number Street<br>City  | State                       | ZIP Code                  | _                                       |   |
|                              | - 7  |                             | 0000                      |   |   |

| Fill                      | in this information t  | o identify your ca                                  | ase.  |   |                        |                               | 1                                   |                            |                                    |                 |
|---------------------------|--|---|---|---|------------------------|-------------------------------|-------------------------------------|----------------------------|------------------------------------|-----------------|
|                           | otor 1   | William H Ba  |   |   |                        |                               |                                     |                            |                                    |                 |
|                           | otor 2<br>ouse, if filing)   |   |   |   |                        |                               |                                     |                            |                                    |                 |
| Uni                       | ted States Bankrup   | tcy Court for the                                   | EASTERN DISTRICT  | OF MICHIGAN   |                        | _                             |                                     |                            |                                    |                 |
|                           | se number 19-  | -42252  |   | -   |                        |                               |                                     | ded filing<br>nent showi   | ng postpetition<br>following date: | chapter         |
| 0                         | fficial Form   | 106I  |   |   |                        |                               | MM / DD                             | YYYY                       | -                                  |                 |
| S                         | chedule I:   | Your Inco   | ome   |   |                        |                               |                                     |                            |                                    | 12/15           |
| sup<br>spo<br>atta<br>Par | plying correct info<br>use. If you are sep<br>ch a separate she<br>tt 1: Describ | ormation. If you parated and you et to this form. ( | sible. If two married peo<br>are married and not fili<br>r spouse is not filing w<br>On the top of any additi | ng jointly, and your<br>ith you, do not inclu       | spouse i<br>ude inforr | s liv<br>nati                 | ing with you, in<br>on about your s | clude infor<br>pouse. If m | mation about<br>nore space is      | your<br>needed, |
| 1.                        | Fill in your empl information.   | oyment  |   | Debtor 1  | Debto                  | Debtor 2 or non-filing spouse |                                     |                            |                                    |                 |
|                           | If you have more attach a separate information about employers.                  | page with   | Employment status   | <ul><li>■ Employed</li><li>□ Not employed</li></ul> |                        | ☐ Employed ☐ Not employed     |                                     |                            |                                    |                 |
|                           | Include part-time, self-employed wo  |   | Occupation Employer's name  |   |                        |                               |                                     |                            |                                    |                 |
|                           | Occupation may i<br>or homemaker, if   |   | Employer's address  |   |                        |                               |                                     |                            |                                    |                 |
|                           |  |   | How long employed t   | here?   |                        |                               |                                     |                            |                                    |                 |
| Par                       | t 2: Give De   | tails About Mon                                     | thly Income   |   |                        |                               |                                     |                            |                                    |                 |
|                           | mate monthly incouse unless you are  |   | ate you file this form. If  | you have nothing to                                 | report for             | any                           | line, write \$0 in th               | ne space. Ir               | nclude your nor                    | n-filing        |
|                           | ou or your non-filing<br>e space, attach a se                                    |   | ore than one employer, co   | ombine the information                              | on for all e           | mpl                           | oyers for that per                  | son on the                 | lines below. If                    | you need        |
|                           |  |   |   |   |                        |                               | For Debtor 1                        |                            | ebtor 2 or<br>ling spouse          |                 |
| 2.                        |  |   | ry, and commissions (be calculate what the monthless)   |   | 2.                     | \$                            | 0.00                                | \$                         | N/A                                |                 |
| 3.                        | Estimate and lis   | t monthly overti                                    | me pay.   |   | 3.                     | +\$                           | 0.00                                | +\$_                       | N/A                                |                 |
| 4.                        | Calculate gross  | Income. Add lin                                     | ne 2 + line 3.  |   | 4.                     | \$                            | 0.00                                | \$_                        | N/A                                |                 |

| Debt | or 1               | William H Bacon, III  | _         | Case | number ( <i>if known</i> ) | 19-42     | 2252                         |                      |
|------|--------------------|---|-----------|------|----------------------------|-----------|------------------------------|----------------------|
|      |                    |   |           | For  | Debtor 1                   |           | Debtor 2 or<br>-filing spous | e                    |
|      | Cop                | py line 4 here  | 4.        | \$   | 0.00                       | \$        | N                            | /A                   |
| 5.   | List               | t all payroll deductions:   |           |      |                            |           |                              |                      |
|      | 5a.                | Tax, Medicare, and Social Security deductions   | 5a.       | \$   | 0.00                       | \$        | N                            | /A                   |
|      | 5b.                | Mandatory contributions for retirement plans  | 5b.       | \$_  | 0.00                       | \$_       |                              | /A                   |
|      | 5c.                | Voluntary contributions for retirement plans  | 5c.       | \$   | 0.00                       | \$        |                              | /A                   |
|      | 5d.                | Required repayments of retirement fund loans  | 5d.       | \$   | 0.00                       | \$        |                              | /A                   |
|      | 5e.                | Insurance   | 5e.       | \$   | 0.00                       | \$        |                              | /A                   |
|      | 5f.                | Domestic support obligations  | 5f.       | \$   | 0.00                       | \$        |                              | /A                   |
|      | 5g.                | Union dues  | 5g.       | \$   | 0.00                       | \$        | N                            | /A                   |
|      | 5h.                | Other deductions. Specify:  | 5h.+      | \$   | 0.00                       | + \$      | N                            | /A                   |
| 6.   | Add                | d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.        | \$   | 0.00                       | \$        | N                            | <u>/A</u>            |
| 7.   | Cal                | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.        | \$   | 0.00                       | \$        | N                            | /A_                  |
| 8.   | List<br>8a.        | t all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a.       | \$   | 0.00                       | \$        | N                            | /A                   |
|      | 8b.                | Interest and dividends  | 8b.       | \$   | 0.00                       | \$_       |                              | /A                   |
|      | 8c.                | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce   | it        | ·    |                            | · <u></u> |                              | <del></del>          |
|      |                    | settlement, and property settlement.  | 8c.       | \$   | 0.00                       | \$        | N                            | /A                   |
|      | 8d.                | Unemployment compensation   | 8d.       | \$   | 1,564.90                   | \$        | N                            | /A                   |
|      | 8e.                | Social Security   | 8e.       | \$   | 0.00                       | \$        | N                            | /A_                  |
|      | 8f.                | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:           | e<br>8f.  | \$   | 0.00                       | \$        | N                            | /A                   |
|      | 8g.                | Pension or retirement income  | 8g.       | \$   | 0.00                       | \$        |                              | /A                   |
|      | 8h.                | Other monthly income. Specify: IRA  | 8h.+      | \$   | 4,000.00                   | + \$      | N                            | /A                   |
| 9.   | Add                | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.        | \$   | 5,564.90                   | \$        | ŀ                            | N/A                  |
| 10.  |                    | culate monthly income. Add line 7 + line 9. If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10. \$    | ,    | 5,564.90 + \$_             |           | <b>N/A</b> = \$              | 5,564.90             |
| 11.  | Incl<br>othe<br>Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, you er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not soil.           | ır depend | •    | •                          | ,         |                              | 0.00                 |
|      | Spe                | ecify:  |           |      |                            |           | 11. +\$                      | 0.00                 |
| 12.  |                    | d the amount in the last column of line 10 to the amount in line 11. The re-<br>te that amount on the Summary of Schedules and Statistical Summary of Certa<br>slies  |           |      |                            |           | 12. \$_                      | 5,564.90             |
| 13.  | Do                 | you expect an increase or decrease within the year after you file this form   | n?        |      |                            |           |                              | bined<br>thly income |

Yes. Explain:

|       |                               | Cara ta di Tana                      |               |  |  |            |         |                  |  |       |
|-------|-------------------------------|--------------------------------------|---------------|--|--|------------|---------|------------------|--|-------|
| Fill  | in this informat              | tion to identify yo                  | our case:     |  |  |            |         |                  |  |       |
| Deb   | otor 1                        | William H Ba                         | con, III      |  |  | Cł         | neck if | this is:         |  |       |
|       |                               |                                      |               |  |  |            | •       | amended filing   |  |       |
| !     | otor 2<br>ouse, if filing)    |                                      |               |  |  |            |         |                  | ving postpetition cha<br>the following date: | pter  |
| (Spo  | buse, ii iiiing)              |                                      |               |  |  |            | 13      | expenses as or   | the following date.                          |       |
| Unit  | ed States Bankr               | uptcy Court for the                  | EASTE         | RN DISTRICT OF MICHI                         | GAN                                      |            | MN      | I / DD / YYYY    |  |       |
| Cas   | e number 19                   | -42252                               |               |  |  |            |         |                  |  |       |
| (If k | nown)                         |                                      |               |  |  |            |         |                  |  |       |
| O     | fficial Fo                    | rm 106J                              |               |  |  |            |         |                  |  |       |
|       |                               | J: Your I                            | Evnor         | 1606   |  |            |         |                  |  | 40/45 |
|       |                               |                                      |               | ISCS<br>. If two married people a            | era filing tagathar he                   | oth are e  | aually  | rosponsible fo   | r cumplying correct                          | 12/15 |
| info  | ormation. If m                |                                      | eded, atta    | ch another sheet to this                     |  |            |         |                  |  |       |
| Par   | t 1: Descr                    | ibe Your House                       | hold          |  |  |            |         |                  |  |       |
| 1.    | Is this a join                | t case?                              |               |  |  |            |         |                  |  |       |
|       | ■ No. Go to                   | line 2.                              |               |  |  |            |         |                  |  |       |
|       | ☐ Yes. <b>Doe</b> :           | s Debtor 2 live i                    | n a separ     | ate household?                               |  |            |         |                  |  |       |
|       |                               | 0                                    |               |  |  |            |         |                  |  |       |
|       | □ Ye                          | es. Debtor 2 mus                     | t file Offici | al Form 106J-2, Expense                      | es for Separate House                    | hold of D  | ebtor : | 2.               |  |       |
| 2.    | Do you have                   | e dependents?                        | □ No          |  |  |            |         |                  |  |       |
| ۷.    | •                             | •                                    |               | <b>-</b>                                     | Barrie Landa antad                       |            |         | 5                | David Investor                               |       |
|       | Do not list De Debtor 2.      | eptor 1 and                          | Yes.          | Fill out this information for each dependent | Dependent's relati<br>Debtor 1 or Debtor |            | _       | Dependent's age  | Does dependent live with you?                |       |
|       | Do not state                  | the                                  |               |  |  |            |         |                  | □ No   |       |
|       | dependents i                  |                                      |               |  | daughter                                 |            |         | 11               | ■ Yes  |       |
|       |                               |                                      |               |  |  |            |         |                  | □ No   |       |
|       |                               |                                      |               |  | daughter                                 |            |         | 17               | ■ Yes  |       |
|       |                               |                                      |               |  |  |            |         |                  | □ No   |       |
|       |                               |                                      |               |  |  |            |         |                  | ☐ Yes  |       |
|       |                               |                                      |               |  |  |            |         |                  | □ No   |       |
| •     | _                             |                                      |               |  |  |            |         |                  | ☐ Yes  |       |
| 3.    |                               | enses include<br>people other the    | han           | No   |  |            |         |                  |  |       |
|       |                               | d your depender                      |               | Yes  |  |            |         |                  |  |       |
| Dor   | t 2: Estima                   | ata Vaur Ongois                      | na Month      | v Evnonsos                                   |  |            |         |                  |  |       |
|       |                               | ate Your Ongoing penses as of you    |               | uptcy filing date unless                     | you are using this fo                    | orm as a   | suppl   | lement in a Cha  | pter 13 case to rep                          | ort   |
| exp   | penses as of a plicable date. | date after the k                     | oankruptc     | y is filed. If this is a sup                 | plemental <i>Schedule</i>                | J, check   | the b   | oox at the top o | f the form and fill in                       | the   |
| Inc   | lude expense:                 | s paid for with r                    | non-cash      | government assistance                        | if you know                              |            |         |                  |  |       |
|       |                               |                                      | d have inc    | cluded it on Schedule I:                     | Your Income                              |            |         | Your expe        | enses  |       |
| (On   | ficial Form 10                | <b>б</b> і.)                         |               |  |  |            | _       | Tour expe        | CHISCS                                       |       |
| 4.    |                               |                                      |               | ses for your residence.                      | Include first mortgage                   | e 4        | \$      |                  | 1,598.66                                     |       |
|       | , ,                           | d any rent for the                   | e grouna c    | II IOL                                       |  | ٦.         | Ψ_      |                  | -,   |       |
|       | If not includ                 | eu in line 4:                        |               |  |  |            |         |                  |  |       |
|       |                               | state taxes                          |               |  |  | 4a.        | . –     |                  | 0.00   |       |
|       | •                             | rty, homeowner's                     |               |  |  | 4b.        |         |                  | 0.00   |       |
|       |                               | maintenance, re<br>owner's associati | •             | ıpkeep expenses<br>dominium dues             |  | 4c.<br>4d. | · · · — |                  | 100.00<br>0.00                               |       |
| 5.    |                               |                                      |               | our residence, such as h                     | ome equity loans                         |            | \$ _    |                  | 0.00   |       |
|       |                               |                                      | ,             | •  |  |            | _       |                  |  |       |

Official Form 106J Schedule J: Your Expenses
19-42252-mar Doc 10 Filed 02/28/19 Entered 02/28/19 10:59:53 Page 28 of 37

| 6. Utilities: 6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: 6d. \$  7. Food and housekeeping supplies 7. \$  8. Childcare and children's education costs 9. Clothing, laundry, and dry cleaning 9. \$  10. Personal care products and services 11. Medical and dental expenses 11. \$  12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$  13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$  14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance. Specify: 15d. Other insurance. Specify: 15d. Transport include toward deducted from your pay included in lines 4 or 20. 15d. Other insurance. Specify: 15d. Transport include toward deducted from your pay included in lines 4 or 20.  | 0.00<br>0.00<br>0.00<br>0.00<br>250.00<br>0.00<br>25.00<br>100.00<br>200.00<br>50.00<br>0.00<br>171.41<br>0.00<br>358.90<br>0.00 |
|--|--|
| 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: 6d. \$  7. Food and housekeeping supplies 7. \$  8. Childcare and children's education costs 8. \$  9. Clothing, laundry, and dry cleaning 9. \$  10. Personal care products and services 10. \$  11. Medical and dental expenses 11. \$  12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$  13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$  14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify:  | 0.00<br>0.00<br>0.00<br>250.00<br>0.00<br>25.00<br>25.00<br>100.00<br>200.00<br>50.00<br>0.00<br>171.41<br>0.00<br>358.90        |
| 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: 6d. \$  7. Food and housekeeping supplies 7. \$  8. Childcare and children's education costs 8. \$  9. Clothing, laundry, and dry cleaning 9. \$  10. Personal care products and services 11. Medical and dental expenses 11. \$  12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$  13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$  14. Charitable contributions and religious donations 14. \$  15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify:  | 0.00<br>0.00<br>250.00<br>0.00<br>25.00<br>25.00<br>100.00<br>200.00<br>50.00<br>0.00<br>171.41<br>0.00<br>358.90                |
| 6d. Other. Specify:  Food and housekeeping supplies  Childcare and children's education costs  Clothing, laundry, and dry cleaning  Personal care products and services  Medical and dental expenses  Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.  Entertainment, clubs, recreation, newspapers, magazines, and books  Medical contributions and religious donations  Charitable contributions and religious donations  Medical and dental expenses  Insurance.  Do not include car payments.  Lie insurance deducted from your pay or included in lines 4 or 20.  Sha. Life insurance  She Health insurance  To the insurance insurance insurance  To the insurance insurance insurance insurance  To the insurance ins | 0.00<br>250.00<br>0.00<br>25.00<br>25.00<br>100.00<br>200.00<br>50.00<br>0.00<br>171.41<br>0.00<br>358.90                        |
| 7. Food and housekeeping supplies 7. \$ 8. Childcare and children's education costs 8. \$ 9. Clothing, laundry, and dry cleaning 9. \$ 10. Personal care products and services 10. \$ 11. Medical and dental expenses 11. \$ 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ 13. Entertainment, clubs, recreation, newspapers, magazines, and books 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify:   | 250.00<br>0.00<br>25.00<br>25.00<br>100.00<br>200.00<br>50.00<br>0.00<br>171.41<br>0.00<br>358.90                                |
| 8. Childcare and children's education costs 9. Clothing, laundry, and dry cleaning 9. \$ 10. Personal care products and services 11. Medical and dental expenses 11. \$ 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 14. Charitable contributions and religious donations 14. \$ 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. \$ 15d. \$  | 0.00<br>25.00<br>25.00<br>100.00<br>200.00<br>50.00<br>0.00<br>171.41<br>0.00<br>358.90  |
| 9. Clothing, laundry, and dry cleaning 9. Personal care products and services 10. Medical and dental expenses 11. S 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify:   | 25.00<br>25.00<br>100.00<br>200.00<br>50.00<br>0.00<br>171.41<br>0.00<br>358.90  |
| 10. Personal care products and services  11. Medical and dental expenses  12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.  13. Entertainment, clubs, recreation, newspapers, magazines, and books  14. Charitable contributions and religious donations  15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify:  | 25.00<br>100.00<br>200.00<br>50.00<br>0.00<br>171.41<br>0.00<br>358.90   |
| 11. Medical and dental expenses  12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.  13. Entertainment, clubs, recreation, newspapers, magazines, and books  14. Charitable contributions and religious donations  15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify:   | 100.00<br>200.00<br>50.00<br>0.00<br>171.41<br>0.00<br>358.90  |
| 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.  12. \$  13. Entertainment, clubs, recreation, newspapers, magazines, and books  14. Charitable contributions and religious donations  15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify:   | 200.00<br>50.00<br>0.00<br>171.41<br>0.00<br>358.90  |
| Do not include car payments.  12. \$  13. Entertainment, clubs, recreation, newspapers, magazines, and books  14. Charitable contributions and religious donations  15. Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Health insurance  15c. Vehicle insurance  15d. Other insurance. Specify:  15d. S  | 50.00<br>0.00<br>171.41<br>0.00<br>358.90  |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books  14. Charitable contributions and religious donations  15. Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Health insurance  15c. Vehicle insurance  15d. Other insurance. Specify:  15d. \$   | 50.00<br>0.00<br>171.41<br>0.00<br>358.90  |
| 14. Charitable contributions and religious donations  Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Health insurance  15c. Vehicle insurance  15d. Other insurance. Specify:  15d. S  | 0.00<br>171.41<br>0.00<br>358.90   |
| 15. Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Health insurance  15c. Vehicle insurance  15d. \$  15d. \$  15d. \$   | 171.41<br>0.00<br>358.90   |
| Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Health insurance  15c. Vehicle insurance  15c. \$  15d. Other insurance. Specify:  15d. \$  15d. \$   | 0.00<br>358.90   |
| 15a. Life insurance       15a. \$         15b. Health insurance       15b. \$         15c. Vehicle insurance       15c. \$         15d. Other insurance. Specify:       15d. \$  | 0.00<br>358.90   |
| 15b. Health insurance       15b. \$         15c. Vehicle insurance       15c. \$         15d. Other insurance. Specify:       15d. \$  | 0.00<br>358.90   |
| 15c. Vehicle insurance 15c. \$ 15d. Other insurance. Specify: 15d. \$  | 358.90   |
| 15d. Other insurance. Specify: 15d. \$   |  |
| · · ·  | () ()()  |
|  | 0.00   |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:  16. \$   | 0.00   |
| 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17a. \$   | 204.40   |
|  | 394.49   |
| 17b. Car payments for Vehicle 2  | 0.00   |
| 17c. Other Specify: 17c. \$  | 0.00   |
| 17d. Other. Specify: 17d. \$   | 0.00   |
| 18. Your payments of alimony, maintenance, and support that you did not report as  | 2,172.00   |
| deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).  18. \$   | 0.00   |
| Specify: 19.   | 0.00   |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on <i>Schedule I: Your Income</i> .  |  |
| 20a. Mortgages on other property 20a. \$   | 0.00   |
| 20b. Real estate taxes 20b. \$   | 0.00   |
| 20c. Property, homeowner's, or renter's insurance 20c. \$  | 0.00   |
| 20d. Maintenance, repair, and upkeep expenses 20d. \$  | 0.00   |
| 20e. Homeowner's association or condominium dues 20e. \$   | 0.00   |
|  | 50.00  |
| pet expenses   |  |
| cigarettes +\$   | 50.00  |
| 22. Calculate your monthly expenses  |  |
| 22a. Add lines 4 through 21. \$  | 5,545.46   |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2   |  |
| 22c. Add line 22a and 22b. The result is your monthly expenses.  | 5,545.46   |
|  |  |
| 23. Calculate your monthly net income.   |  |
| 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$  | 5,564.90   |
| 23b. Copy your monthly expenses from line 22c above. 23b\$   | 5,545.46   |
|  |  |
| 23c. Subtract your monthly expenses from your monthly income.  | 19.44  |
| The result is your <i>monthly net income</i> . 23c.  | 13.44  |
| 24. Do you expect an increase or decrease in your expenses within the year after you file this form?  For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or dec modification to the terms of your mortgage?  No.   | crease because of a  |
|  |  |
| ☐ Yes. Explain here:   |  |

page 2

| Ellio dels la Como  | etten te tilentiferren                                |   |                                 |  |                        |
|---|---|---|---------------------------------|--|------------------------|
| Debtor 1  | ation to identify your                                |   |                                 |  |                        |
| Deplor  | William H Bacon First Name                            | Middle Name   | Last Name                       |  |                        |
| Debtor 2<br>(Spouse if, filing)                                   | First Name  | Middle Name   | Last Name                       |  |                        |
| United States Bank  | kruptcy Court for the:                                | EASTERN DISTRICT  | OF MICHIGAN                     |  |                        |
| Case number 19  | 9-42252   |   |                                 |  |                        |
| (if known)  | -   |   |                                 | ☐ Check if amende  | this is an<br>d filing |
| If two married peo<br>You must file this too<br>Obtaining money o | on About a ple are filing togethe form whenever you f | er, both are equally responding the conference of the conference of the connection with a banger of the connection with a connection with |                                 |  |                        |
| Sign I  | Below   |   |                                 |  |                        |
| Did you pay   | or agree to pay some                                  | eone who is NOT an atto   | rney to help you fill out bankr | uptcy forms?   |                        |
| ■ No  |   |   |                                 |  |                        |
| ☐ Yes. Na   | me of person  |   |                                 | Attach Bankruptcy Petition Prep  Declaration, and Signature (Off |                        |
|   | of perjury, I declare<br>true and correct.            | that I have read the sun  | nmary and schedules filed wit   | h this declaration and   |                        |
| X /s/ Willia  | ım H Bacon, III                                       |   | X                               |  |                        |
| William   | H Bacon, III<br>of Debtor 1                           |   | Signature of Debt               | or 2   |                        |
| Date <b>Fe</b>  | ebruary 28, 2019                                      |   | Date                            |  |                        |

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules** 

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Best Case Bankruptcy

|                         | this information to identify                             |  |   |  |   |
|-------------------------|--|--|---|--|---|
| Debto                   | or 1 William H Ba  | Middle Name  | Last Name   |  |   |
| Debto<br>(Spouse        |  | Middle Name  | Last Name   |  |   |
| United                  | d States Bankruptcy Court for t                          | he: EASTERN DISTRICT OF  | MICHIGAN  |  |   |
| Case                    | number 19-42252  |  |   |  |   |
| (if know                |  |  |   | _  | Check if this is an amended filing                    |
| Stat<br>Be as<br>inform | complete and accurate as ponation. If more space is need | al Affairs for Individual Affairs for Individual Describe. If two married people a led, attach a separate sheet to | are filing together, both are                         | equally responsible for sup                |   |
| Part 1                  | er (if known). Answer every o                            | question.<br>· Marital Status and Where You  | ı Lived Before  |  |   |
|                         | What is your current marital s                           |  |   |  |   |
|                         | _  |  |   |  |   |
| 2. D                    | Ouring the last 3 years, have y                          | ou lived anywhere other than   | where you live now?                                   |  |   |
|                         | No Yes. List all of the places y                         | ou lived in the last 3 years. Do no  | ot include where you live now                         | <i>ı</i> .                                 |   |
|                         | Debtor 1 Prior Address:                                  | Dates Debtor 1 lived there   | Debtor 2 Prior Ad                                     | dress:                                     | Dates Debtor 2<br>lived there                         |
|                         |  | u ever live with a spouse or leç<br>California, Idaho, Louisiana, Ne   |   |  |   |
|                         | No Yes. Make sure you fill out                           | Schedule H: Your Codebtors (O  | fficial Form 106H).                                   |  |   |
| Part 2                  | Explain the Sources of                                   | Your Income  |   |  |   |
| Fi                      | ill in the total amount of income                        | n employment or from operating<br>g you received from all jobs and a<br>gou have income that you receiv            | all businesses, including part                        | time activities.                           | ndar years?   |
| □<br>■                  | <ul><li>No</li><li>Yes. Fill in the details.</li></ul>   |  |   |  |   |
|                         |  | Debtor 1   |   | Debtor 2                                   |   |
|                         |  | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions) |
|                         | ast calendar year:<br>lary 1 to December 31, 2018 )      | ■ Wages, commissions, bonuses, tips  | \$63,917.03   | ☐ Wages, commissions, bonuses, tips        |   |
|                         |  | ☐ Operating a husiness   |   | ☐ Operating a business                     |   |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

| Debtor 1 William H Bacon, III |                    |                             |                                |                               |                              |  |                            | Case number (if known) 19-42252                        |  |                                |   |  |  |
|-------------------------------|--------------------|-----------------------------|--------------------------------|-------------------------------|------------------------------|--|----------------------------|--|--|--------------------------------|---|--|--|
| 5.                            | Did y              | you re                      | eceive any o                   | other income                  | e during thi                 | is year or the t                                     | wo previo                  | us calendar years                                      | ?                                      |                                |   |  |  |
|                               | Inclu<br>and       | de ind<br>other             | come regard<br>public benef    | less of wheth<br>it payments; | er that inco<br>pensions; re | me is taxable. E<br>ental income; in                 | Examples of terest; divide | of other income are dends; money colle                 | alimony; child supp                    | royalties; and                 | ecurity, unemployment,<br>d gambling and lottery      |  |  |
|                               | List 6             | each s                      | source and the                 | he gross inco                 | me from ea                   | ich source sepa                                      | rately. Do                 | not include income                                     | that you listed in lin                 | e 4.                           |   |  |  |
|                               |                    | No                          |                                |                               |                              |  |                            |  |  |                                |   |  |  |
|                               |                    | Yes.                        | Fill in the de                 | tails.                        |                              |  |                            |  |  |                                |   |  |  |
|                               |                    |                             |                                |                               | Debtor 1                     |  |                            |  | Debtor 2                               |                                |   |  |  |
|                               |                    |                             |                                |                               | Sources of Describe b        | of income<br>pelow.                                  | each<br>(befo              | s income from<br>source<br>re deductions and<br>sions) | Sources of inc<br>Describe below       |                                | Gross income<br>(before deductions<br>and exclusions) |  |  |
|                               |                    |                             | 1 of currer<br>iled for ban    | nt year until<br>kruptcy:     | Unemplo                      | oyment   | nent \$2,169.00            |  |  |                                |   |  |  |
|                               |                    |                             | dar year:<br>December :        | 31, 2018 )                    | IRA with                     | draw   |                            | \$43,000.00  |  |                                |   |  |  |
| Pa                            | rt 3:              | List                        | Certain Pa                     | yments You                    | Made Befo                    | ore You Filed fo                                     | or Bankrug                 | otcy   |  |                                |   |  |  |
|                               |                    | _                           |                                |                               |                              |  |                            | •  |  |                                |   |  |  |
| 6.                            | _                  | either<br>No.               | Neither De                     | btor 1 nor D                  | ebtor 2 ha                   | imarily consun<br>s primarily cor<br>amily, or house | sumer de                   | <b>bts.</b> Consumer del                               | ots are defined in 11                  | U.S.C. § 101                   | 1(8) as "incurred by an                               |  |  |
|                               |                    |                             | During the No.                 | 90 days befo                  | •                            | for bankruptcy,                                      | did you pa                 | ay any creditor a to                                   | tal of \$6,425* or mo                  | re?                            |   |  |  |
|                               |                    |                             | ☐ Yes                          | List below e                  | ach credito                  |  |                            |  | e in one or more pay                   |                                | ne total amount you<br>nd alimony. Also, do           |  |  |
|                               |                    |                             | * Subject t                    | not include                   | payments to                  | o an attorney fo                                     | r this bank                | ruptcy case.   | n or after the date o                  |                                | •   |  |  |
|                               |                    | Yes.                        |                                |                               |                              | e primarily con<br>for bankruptcy,                   |                            |  | tal of \$600 or more?                  |                                |   |  |  |
|                               |                    |                             | ■ No.                          | Go to line 7                  |                              |  |                            |  |  |                                |   |  |  |
|                               |                    |                             | □ Yes                          |                               | ments for d                  | omestic suppor                                       |                            |  | nd the total amount pport and alimony. |                                | creditor. Do not<br>nclude payments to an             |  |  |
|                               | Cre                | ditor'                      | s Name and                     | l Address                     |                              | Dates of payi  | ment                       | Total amount paid                                      | Amount you still owe                   | Was this p                     | payment for   |  |  |
| 7.                            | <i>Insid</i> of wh | lers in<br>nich y<br>siness | clude your ro<br>ou are an off | elatives; any ficer, director | general par<br>person in o   | tners; relatives control, or owner                   | of any gener of 20% o      | eral partners; partn<br>r more of their votir          |  | u are a gener<br>ny managing : | ral partner; corporations<br>agent, including one for |  |  |
|                               |                    | No<br>Yes.                  | List all navm                  | nents to an in                | sider.                       |  |                            |  |  |                                |   |  |  |
|                               |                    |                             | Name and                       |                               |                              | Dates of payı  | ment                       | Total amount paid                                      | Amount you still owe                   | Reason for                     | r this payment  |  |  |
|                               |                    |                             |                                |                               |                              |  |                            | paid   |  |                                |   |  |  |

| Del  | btor 1 William H Bacon, III  |  | Case  | e number (if known)  | 19-42252              |                              |  |
|--|--|--|---|----------------------|-----------------------|------------------------------|--|
|  |  |  |   |                      |                       |                              |  |
| 8.   | Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.  |  |   |                      |                       |                              |  |
|  | ■ No □ Yes. List all payments to an insider  |  |   |                      |                       |                              |  |
|  | Insider's Name and Address   | Dates of payment                                     | Total amount paid                                 | Amount you still owe | Reason for            | this payment<br>ditor's name |  |
| Par  | rt 4: Identify Legal Actions, Repossession   | ns, and Foreclosures                                 |   |                      |                       |                              |  |
| 9.   | Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?  List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. |  |   |                      |                       |                              |  |
|  | <ul><li>□ No</li><li>■ Yes. Fill in the details.</li></ul>   |  |   |                      |                       |                              |  |
|  | Case title Case number   | Nature of the case                                   | Court or agency                                   |                      | Status of the case    |                              |  |
|  | Members Source Cu v William H<br>Bacon, III<br>45D01-1804-CC-177   | civil  |   |                      | ■ Pending □ On appe   | eal                          |  |
|  | Tnb-Visa (TV) / Target v William H<br>Bacon, III   | civil litigation                                     | 33 Dist Court<br>19000 Van Hord<br>Wayne, MI 4818 |                      | ☐ Pending ☐ On appe   | eal                          |  |
| 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attache Check all that apply and fill in the details below.  |  |  |   | hed, attache         | d, seized, or levied? |                              |  |
|  | No. Go to line 11.   |  |   |                      |                       |                              |  |
|  | Yes. Fill in the information below.  Creditor Name and Address   | Describe the Property Date                           |   |                      | Value of the          |                              |  |
|  | Creditor Name and Address  | Explain what happened                                |   |                      |                       | property                     |  |
| 11.  | Within 90 days before you filed for bankrup accounts or refuse to make a payment bec.  No Yes. Fill in the details.  |  | uding a bank or fina                              | ancial institution   | , set off any a       | amounts from your            |  |
|  | Creditor Name and Address  | Describe the action the creditor took  Date at taken |   |                      | action was            | Amount                       |  |
| <ul><li>12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditor court-appointed receiver, a custodian, or another official?</li></ul> |  |  |   |                      | efit of creditors, a  |                              |  |
|  | ■ No □ Yes   |  |   |                      |                       |                              |  |
| Par  | rt 5: List Certain Gifts and Contributions   |  |   |                      |                       |                              |  |
| 13.  | Within 2 years before you filed for bankrup  No  Yes. Fill in the details for each gift.   | tcy, did you give any gifts                          | with a total value o                              | of more than \$600   | ) per person          | ?                            |  |
|  | Gifts with a total value of more than \$600 per person   | Describe the gifts                                   |   | Dates<br>the gi      | you gave<br>fts       | Value                        |  |
|  | Person to Whom You Gave the Gift and Address:  |  |   |                      |                       |                              |  |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 3

| Deb  | otor 1 William H Bacon, III  |         | C  | ase number (ii | f known) 19-4225                        | 2                        |  |
|--|--|---------|--|----------------|---|--------------------------|--|
|  |  |         |  |                |   |                          |  |
| 14.  | Within 2 years before you filed for bankru  ■ No  □ Yes. Fill in the details for each gift or co   |         |  | s with a total | value of more tha                       | an \$600 to any charity? |  |
|  | Gifts or contributions to charities that to<br>more than \$600<br>Charity's Name<br>Address (Number, Street, City, State and ZIP Code  | otal    | Describe what you contributed  |                | Dates you contributed                   | Value                    |  |
| Par  | t 6: List Certain Losses   |         |  |                |   |                          |  |
| 15.  | /ithin 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, r gambling?   |         |  |                |   |                          |  |
|  | ■ No □ Yes. Fill in the details.   |         |  |                |   |                          |  |
|  |  | Include | be any insurance coverage for the lo<br>the amount that insurance has paid. Lince claims on line 33 of Schedule A/B: I | ist pending    | Date of your loss                       | Value of property lost   |  |
| Par  |  |         |  | , ,            |   |                          |  |
| 16.  | Within 1 year before you filed for bankrup consulted about seeking bankruptcy or p Include any attorneys, bankruptcy petition por No  Yes. Fill in the details.  Person Who Was Paid   | repari  | ng a bankruptcy petition?  | vices required |   |                          |  |
|  | Address Email or website address Person Who Made the Payment, if Not Yo  | ou      | transferred  | y              | or transfer was<br>made                 | payment                  |  |
|  | Credit Unlimited   |         | \$80 a month for last year   |                | monthly                                 | \$0.00                   |  |
|  | Balberman & Associates<br>29800 Middlebelt Rd, Ste 200<br>Farmington Hills, MI 48334<br>balberman@aol.com  |         | Attorney Fees  |                | 2/2019                                  | \$1,500.00               |  |
| 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property or promised to help you deal with your creditors or to make payments to your creditors?  Do not include any payment or transfer that you listed on line 16. |  |         |  |                |   | perty to anyone who      |  |
|  | No No  |         |  |                |   |                          |  |
|  | Yes. Fill in the details.  Person Who Was Paid   |         | Description and value of any prope   | n mán y        | Data navment                            | Amount of                |  |
|  | Address  |         | Description and value of any prope<br>transferred  | erty           | Date payment<br>or transfer was<br>made | Amount of payment        |  |
| 18.  | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.  No  Yes. Fill in the details. |         |  |                |   |                          |  |
|  | Yes. Fill in the details.  Person Who Received Transfer  |         | Description and value of   | Describe a     | ny property or                          | Date transfer was        |  |
|  | Address  |         | property transferred   |                | eceived or debts                        |                          |  |
|  | Person's relationship to you   |         |  |                |   |                          |  |

| Deb | otor 1  | William H Bacon, III  |  |   | Case num     | nber (if known) 19-42252                                      | 2   |  |
|-----|---|---|--|---|--------------|---|---|--|
|     |   |   |  |   |              |   |   |  |
| 19. | benef   | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)  No |  |   |              |   |   |  |
|     | □ Y   | es. Fill in the details.  |  |   |              |   |   |  |
|     | Name  | e of trust  | Description and v  | alue of the pro                                 | operty trans | sferred   | Date Transfer was made                        |  |
| Par | t 8:  | List of Certain Financial Accounts, Ins   | struments, Safe Deposi   | t Boxes, and S                                  | Storage Unit | ts  |   |  |
|     | sold, Include house   | n 1 year before you filed for bankrupto<br>moved, or transferred?<br>de checking, savings, money market, o<br>es, pension funds, cooperatives, assoc<br>No<br>(es, Fill in the details.                         | or other financial accou   | nts; certificate                                | s of deposi  | -   |   |  |
|     | Name  | e of Financial Institution and<br>less (Number, Street, City, State and ZIP   | Last 4 digits of account number  | Type of acco                                    | ount or      | Date account was<br>closed, sold,<br>moved, or<br>transferred | Last balance<br>before closing or<br>transfer |  |
|     | US S  | Steel Pension Fund  | xxxx-  | ☐ Checking ☐ Savings ☐ Money Market ☐ Brokerage |              | rolled over into<br>fidelity knights of<br>columbus 2018      | \$71,000.00                                   |  |
|     |   |   |  | Other pe  | nsion        |   |   |  |
| 21. | cash,   | ou now have, or did you have within 1 yor other valuables?  No  Yes. Fill in the details.   |  |   |              | ·   |   |  |
|     |   | e of Financial Institution 'ess (Number, Street, City, State and ZIP Code)  | Who else had acc<br>Address (Number, S<br>State and ZIP Code)            |   | Describe     | the contents  | Do you still have it?                         |  |
| 22. | Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? |   |  |   |              |   |   |  |
|     | _   | No<br>⁄es. Fill in the details.   |  |   |              |   |   |  |
|     |   | e of Storage Facility<br>less (Number, Street, City, State and ZIP Code)  | Who else has or I<br>to it?<br>Address (Number, S<br>State and ZIP Code) |   | Describe     | the contents  | Do you still have it?                         |  |
| Par | t 9:  | Identify Property You Hold or Control   | for Someone Else   |   |              |   |   |  |
| 23. | -   | ou hold or control any property that so<br>omeone.  | meone else owns? Incl  | ude any prope                                   | rty you bor  | rowed from, are storing                                       | g for, or hold in trust                       |  |
|     | _   | No<br>Yes. Fill in the details.   |  |   |              |   |   |  |
|     |   | er's Name<br>'ess (Number, Street, City, State and ZIP Code)  | Where is the prop<br>(Number, Street, City, S<br>Code)                   |   | Describe     | the property  | Value   |  |
|     |   |   |  |   |              |   |   |  |

Debtor 1 William H Bacon, III Case number (*if known*) 19-42252

| Pai | t 10: Give Details About Environmental Information   | ation  |                                   |                |  |  |
|-----|--|--|-----------------------------------|----------------|--|--|
| For | the purpose of Part 10, the following definitions  | apply:   |                                   |                |  |  |
|     | Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous o toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. |  |                                   |                |  |  |
|     | Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or use to own, operate, or utilize it, including disposal sites.  |  |                                   |                |  |  |
|     | Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.  |  |                                   |                |  |  |
| Rep | ort all notices, releases, and proceedings that yo   | ou know about, regardless of when th                                       | ney occurred.                     |                |  |  |
| 24. | 4. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?  |  |                                   |                |  |  |
|     | ■ No □ Yes. Fill in the details.   |  |                                   |                |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it | Date of notice |  |  |
| 25. | Have you notified any governmental unit of any release of hazardous material?  |  |                                   |                |  |  |
|     | ■ No □ Yes. Fill in the details.   |  |                                   |                |  |  |
|     | Name of site   | Governmental unit  | Environmental law, if you         | Date of notice |  |  |

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

ZIP Code)

| - NO                        |   |                    |                    |
|-----------------------------|---|--------------------|--------------------|
| ☐ Yes. Fill in the details. |   |                    |                    |
| Case Title Case Number      | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case |

Address (Number, Street, City, State and

know it

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ■ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business.

**Business Name Address** (Number, Street, City, State and ZIP Code)

Address (Number, Street, City, State and ZIP Code)

Describe the nature of the business

Name of accountant or bookkeeper

**Employer Identification number** Do not include Social Security number or ITIN.

Dates business existed

Official Form 107

| Debt  | or 1 William H Bacon, III   |   | Case number (if known) | 19-42252            |  |  |  |
|---|---|---|------------------------|---------------------|--|--|--|
| 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all fina institutions, creditors, or other parties. |   |   |                        |                     |  |  |  |
|   | ■ No □ Yes. Fill in the details below.  |   |                        |                     |  |  |  |
|   | Name<br>Address<br>(Number, Street, City, State and ZIP Code)   | Date Issued                                 |                        |                     |  |  |  |
| Part  | 12: Sign Below  |   |                        |                     |  |  |  |
| are tr<br>with<br>18 U.   | I have read the answers on this <i>Statement of Financial Affairs</i> and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  18 U.S.C. §§ 152, 1341, 1519, and 3571.  /s/ William H Bacon, III |   |                        |                     |  |  |  |
|   | iam H Bacon, III<br>ature of Debtor 1   | Signature of Debtor 2                       |                        |                     |  |  |  |
| Date  | February 28, 2019   | Date  |                        |                     |  |  |  |
| Did y ■ No  |   | ent of Financial Affairs for Individuals Fi | ling for Bankruptcy (  | Official Form 107)? |  |  |  |
| Did y<br>■ No   | ou pay or agree to pay someone who is no  | ot an attorney to help you fill out bankrup | tcy forms?             |                     |  |  |  |
| □ Ye  | ☐ Yes. Name of Person . Attach the <i>Bankruptcy Petition Preparer's Notice, Declaration, and Signature</i> (Official Form 119).  |   |                        |                     |  |  |  |